

Saskatchewan youth in care: Exploring the perceived role of attachment in fostering resilience

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Abstract

Growing numbers of children in youth are in out-of-home care, and the complexity of the challenges and outcomes they face is an issue that continues to require attention. In Canada, the overrepresentation of indigenous youth in out-of-home care has been identified as an important issue needing to be addressed as a priority. A significant portion of the literature examines risk factors and negative outcomes, with resiliency only more recently becoming an area of focus. This narrative study examines the lived experiences of 6 individuals with varying involvement in the child-welfare system and their perspectives on how to foster resilience in children in youth experiencing out-of-home care. In depth interviews were conducted to explore the overarching questions of what role attachment might play in fostering resilience in this demographic. Sub questions explored other factors that may also contribute to this goal. Findings indicate that central to supporting and fostering resilience in children and youth is the role of relationships. Subthemes identified role of values, and need for increased supports and understanding. Implications of these findings extend beyond the child and indicate a need to consider the systems surrounding the child. The child's resilience is influenced greatly by surrounding support systems and how those function, such as the foster parent, the biological family, and the child welfare system. Just as the needs of children and youth in out-of-home care are complex and diverse, so are the ways we can better support this demographic and those who play critical roles in helping foster resilience in them.

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Dedication

This thesis is dedicated to all of the children and youth in out-of-home care I have worked with over the years. Being a part of your lives has been a privilege and one of the greatest learning and growth experiences of my life. You guys inspired this work. I learned so much about resilience and the important of relationships by watching you grow and learning how to earn your trust and earn a place in your hearts. You challenged me in so many ways, and I believe that through those challenges and the challenges we faced together, I have gained experiences, insights and understanding that are invaluable. I truly feel honored to have gained a place in your hearts, to have earned your trust, and to have been allowed to love and care for you. There isn't time or space in this dedication to express the depth of what I feel for you guys and the gratitude I have for the time we have spent together. Thank you. I hope you will always remember that you are worthy, you are deserving, you are important, and you are so, so loved. I love you very, very, very, very much, to the moon and back, to infinity and beyond, always and forever!

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CHAPTER 1: INTRODUCTION

Overview

This aim of this narrative (Mohajan, 2018) study is to examine resiliency factors for youth in the Saskatchewan child welfare system. There is a growing number of youth entering the foster care system (Fast, Simpson & Trocme, 2014) and wait lists for group homes continue to lengthen. Long term outcomes for these children and youth include addictions, significant mental health issues, violence and poverty (Clausen, Ruff, Von Wiederhold & Heineman, 2012; Forkey & Szilagyi, 2014). While researchers have been able to identify factors predictive of these outcomes, there is significantly less research that examines factors that foster resilience and reduce the occurrence of those predictive factors (Cheung, Goodman, Leckie & Jenkins, 2011). This chapter presents the context and rationale, research questions and purpose for this study, as well as the background of the researcher and its relevance.

Context and Rationale

Children in the child welfare system often present with challenging behaviours and a number of diagnoses (Forkey & Szilagyi, 2014; Wesselman, Schweitzer & Armstrong, 2014). Witnessing domestic violence, neglect, physical and sexual abuse are significant childhood traumas that often lead to placement in foster care, that may serve as a secondary traumatic experience (Wesselman et al., 2014). The presentation of symptoms of this complex childhood trauma may result in behaviours that frequently lead to such diagnoses such as Oppositional Defiance Disorder (ODD), Attention Deficit/Hyperactivity Disorder (ADHD) (often diagnosed as comorbid) and Post Traumatic Stress Disorder (PTSD) among others (Wesselman et al.,

2014). A diagnosis such as ODD is associated with a range of anti-social and maladaptive behaviors that may challenge his/her caregiver(s), casting the child or youth in a negative light that produces correspondingly diminished expectations of the child or youth. These altered expectations can exacerbate these maladaptive behaviours with the child or youth subsequently being passed from foster home to foster home, reinforcing their developing schema that they are not loved or perhaps not worthy of being loved. It reinforces the expectation that attaching to a caregiver will leave them vulnerable to being hurt again, leaving them feeling unsafe within the context of relationships. Effective treatment and care of children and youth who have experienced complex childhood trauma should address the attachment needs that are at the root of the trauma and symptoms (Bell, Romano & Flynn, 2013; Clausen et al. 2012).

Furthermore, attachment should be looked at through a cultural lens. Although consistent national statistics on children and youth in out-of-home care is difficult to find (Nelson, 2012), Saskatchewan statistics indicate that the number of children being placed in out-of-home care continues to rise (Fast, Simpson & Trocme, 2014). Nationally there is a rising concern about the overrepresentation of indigenous children and youth in out-of-home care (Sinha & Kozlowski, 2013; Sinha, Trocme, Fallon, MacLaurin, Fast & Thomas Prokop et al., 2011; Yukselir & Annett, 2016), with Saskatchewan having one of the highest proportions among the provinces and territories (Yukselir & Annett, 2016). However, a great deal of the literature and research on out-of-home care is not representative of the Saskatchewan indigenous population and thus does not address this local cultural component.

Purpose and Research Question

This study seeks to explore the role of attachment in fostering resilience in Saskatchewan children and youth in the child welfare system. It explored the lived experiences and insights of

individuals and professionals who have experience working with this demographic and within the child welfare system. This study seeks to explore the potential role of attachment play in fostering resilience in individuals who have experienced out-of-home care? Sub-questions explore the central question in more detail and from multiple perspectives as well as other potential influencing factors. For example, research reports the relational difficulties children and youth in out-of-home care experience and the long-term effects, as well as the need to provide more stability to properly meet their needs (Clausen et al., 2012). The question, “Can you describe for me what you believe contributes to placement stability and better overall outcomes for the mental health of these youth?” seeks to address this need and what factors may increase placement stability.

Definitions

Attachment: An instinctual and affective survival behavior serving as a regulatory system between two organisms through interaction and synchronicity (Schore, 2000).

Child welfare system: This refers specifically to placement in foster care or group home care.

Complex trauma: Refers to the child’s experience of multiple traumas that are typically invasive and interpersonal. Traumatic events include abuse and profound neglect that frequently begin early in the child’s life. This early exposure to trauma typically occurs within the caregiver relationship, interfering with aspects of the child’s development, such as formation of self and ability to form secure attachments (Complex Trauma, n.d.).

In care/ Out-of-home care: For the purposes of this study, in care and out-of-home care refers to any kind of placement outside the home. This includes kinship placements, placement with a foster family and placement in the residential school system.

Resilience: The ability to adapt and function in the wake of adversity, as well as the ability to form secure attachments. Resilience is also thought to be fostered through secure attachment relationships (Bell, Romano & Flynn, 2013).

Other definitions:

“[T]he capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development” (Masten, 2014, p. 6).

“Resilience, and more specifically, psychological resilience, refers to the ability to adapt to stress and adversity (Lui, Reed, Girard, 2017, p. 111).

Trauma: The experience of serious injury or witnessing a serious injury or death of another, threat of serious injury to oneself or others, or experiencing physical violation such as physical and sexual abuse. Traumatic experiences often cause feelings of terror, fear, helplessness, loss of trust in others, decreased sense of safety, guilt, shame and may cause significant disruption in development. Chronic trauma may also result in detrimental long-term effects (Defining Trauma and Traumatic Stress, n.d.).

Note on use of terminology:

The term out-of-home care has been used for the purpose of broad recruitment for the study. Out-of-home care encompasses foster care, group home care, kinship care, and other placements, such as residential school. The child welfare system is used to refer more specifically to cases that involve the Ministry of Social Services in a foster care or group home placement. Usage may reflect terminology used in the literature being referenced, or to describe my own broad recruitment criteria, or a specific placement a participant experienced.

Researcher Background and Relevance

I began my work within the child welfare system at the age of 21 while I completed my honours degree in psychology at the University of Saskatchewan, College of Arts and Science. Soon I was working in a therapeutic group home and an overcrowded foster home from time to time. I could see the effects on children and youths of having been moved from home to home, and the revolving door of front line workers in the group home that created instability and distrust in children and youth who had already experienced abuse, neglect and inconsistency with past caregivers. It became readily apparent to me that a consistent attachment and caregiver helped support the youths during turbulent times. The inconsistency of their parents being in their lives frequently led to regression and other attachment figures being pushed away by the youth. I was determined not to become one of those attachment figures that left a child feeling abandoned again. At times, it felt like a youth would be testing our attachment, our commitment to them, seeing how far they had to push before someone else walked out the door on them. It was evident that they needed to know that there was nothing they could ever do that would scare me off or make me stop caring for them in order to build a trusting and responsive relationship. I finished my degree and continued working full time in the therapeutic group home setting. Now it has been nearly 10 years that I have been working in the child welfare system. I have worked in the contexts of foster homes, group homes, and now in private work. Working in both the front line and as a clinical caseworker allowed me to observe the strengths and weaknesses of the child welfare system from different perspectives. Through my work in these roles, I have worked closely with social workers, psychologist, psychiatrists, parents and foster parents and most importantly children and youth. One thing that has continued to stand out is the importance of attachment. This led to my taking Gordon Neufeld's Intensive I course, *Making Sense of Kids*,

which is grounded in attachment theory. It was intuitive and supported by neuroscience, another area of interest of mine. Neufeld's course was both validating and reinvigorating. Working both as a front-line staff in a parental/caregiver role and as an advocate as a caseworker, I had seen first-hand the evidence of the importance of attachment and being sensitive to the attachment needs of children and youth in out-of-home care, most with stories of multiple traumas.

My work experience and bearing witness to the experiences of youth in care inspired me to return to school with a new focus. I wanted to explore further the potentially healing role of healthy attachment relationships and explore further what I had seen in the child welfare system in my research. I continued to work full time as clinical caseworker through my first year in the School and Counselling Psychology program at the University of Saskatchewan. The gaps in the research and gaps in the child welfare system were becoming more apparent as I progressed in my career and education. The overrepresentation of Aboriginal youth in care and the underrepresentation of Aboriginal voices in the research in out-of-home care led to the design and methodology of this study, using narratives as a way to explore more deeply ways to foster resilience in children and youth in the child welfare system.

My work experience in the system is a strength in that it informed my approach and understanding of the child welfare system and the challenges these youth face. As I explored attachment theory more, it resonated with what I experienced and witnessed in my work, and so it is also important to note that it means that as a researcher I bring a certain level of bias into my work. I have been conscious of my own bias toward attachment theory and the power of healthy, secure relationships. This is what I experienced in my work in the system and what led to my research question. It is also part of my theoretical foundation in my counselling practice. During interviews, I made it a point to set aside my identity as a counsellor and remain open to other

factors that may foster resilience. In interviews, I intentionally created space for participants to teach me with their own experiences and knowledge by asking about any factors they believed foster resilience, and also by allowing their narratives to unfold. My attitude prior to beginning participant recruitment and interviews was that I wanted to not enter in these relationships as a collaborator and scribe to help platform voices and experiences that could shed light on this issue.

CHAPTER 2: LITERATURE REVIEW

Attachment Theory

Attachment theory and research on the effects of stress suggest that, “to develop normally, children need an environment in which a responsive, attuned parent or caregivers meets their needs for adequate care, attention, and protection” (Forkey & Szilagyi, p. 1061; Neckoway, Brownlee, Jourdain & Miller, 2003; Neufeld, 2014). Attachment theory is based in the child’s need for safety and this typically begins in the relationship with the mother, although it could be anyone who plays the role of primary caregiver and is not necessarily the biological mother (Ainsworth, 1979). If the child feels safe and has his/her needs met, basic trust begins to form the foundation of the attachment relationship and the child’s inner working model of the world and future relationships (Ainsworth, 1979, Bowlby 1969; Bowlby 1988).

Over 70 years ago John Bowlby hypothesized that attachment has a biological purpose of ensuring safety and survival (Bowlby, 1969; Bowlby, 1988; Cassidy, Jones, & Shaver, 2013; Neckoway, Brownless, Jourdain & Miller, 2003; Perry, 2009; Schore, 2000). Other primates are known to use close mother-infant proximity as a means of survival for their young. Present day hunter-gatherer societies, much like the earliest humans, continue to display much closer mother-infant contact than western society today. Evidence presented by Blurton Jones in the early 1970s suggests that unlike other species where infants are left for long periods of time, hidden in safe places, and infrequently fed, the human species evolved with mothers carrying their young and feeding them at short intervals of time (Ainsworth, 1979), which is common among species, living within environments where there are potential threats and dangerous predators. For this reason, the human species, among others, has developed behavioural systems, such as living in

small social groups, as a protective measure (Bowlby, 1969). The human infant at birth is immobile and incapable of viability apart from a caring adult. Babies naturally elicit an automatic response from their mother to sooth, feed and protect them. They provide reward and pleasure with smiles and coos. This is an adaptive function (Szalavitz & Perry, 2006) that leads to an attachment relationship in which the immature child may be protected while becoming viable and learning skills necessary for adulthood (Bowlby, 1969).

The attachment relationship is characterized by seeking proximity to the primary attachment figure for safety, security, needs and nurturance (Bowlby, 1969; Bowlby, 1988; Brisch, 2011; Cassidy, Jones & Shaver, 2013; Levy & Orlans, 1999; Neckoway, Brownlee, Jourdain & Miller, 2003; Schore, 2000). Mary Ainsworth's *Strange Situation* research helped to establish the notion of the *secure base* and behaviour patterns observed when 1 year olds were separated from their mothers for brief periods of time in a novel environment and then reunited. Secure attachment was marked by the infants using their mothers as a secure base from which they could explore the environment prior to separation. Upon separation, these infants showed intensified attachment behaviours, diminished exploration and distress. Upon reunion, they sought contact and proximity with their mothers. In contrast, anxious infants were intensely distressed by the separation from their mothers and were ambivalent in the reunion, both seeking proximity and resisting contact. Finally, avoidant infants were found to rarely cry at separation and tended to avoid their mothers during the reunion, sometimes displaying slight proximity or seeking followed by avoidance, or ignoring their mothers altogether (Ainsworth, 1979).

Secure attachment is a protective factor providing a degree of predictability and control for young children. Thus, secure attachments increase motivation to explore the physical and social environment with confidence...without feelings of safety and security,

exploration of the physical and social environment becomes impaired (Bowlby, 1979) (Shaw & Paez, 2007, p. 69).

Throughout childhood, children learn to gradually depend less on proximity of the primary caregiver as they become increasingly capable of using mental representations. This attachment is specific to parents, and excludes siblings, as siblings are not in a caregiver role and the bond between child and parent is unique (Thompson & Raikes, 2003). Within a secure attachment relationship, the child feels that he/she is worthy of love and support, and that the caregiver is warm, consistent and predictable (Bradley, Whiteside-Mansell & Brisby, 1997) providing a sense of safety and a secure base to help him/her explore new environments with confidence and a sense of security (Bradley, Whiteside-Mansell & Brisby, 1997).

Benefits for securely attached children include the development of pro-social skills, healthy cognitive development, more self-control, self-regulation and ability to inhibit both impulses and emotions, healthier identity formation, increased self-worth, more autonomy, pro-social morality (which encompasses empathy), compassion and a sound conscience. The secure attachment fosters in children more positive core beliefs about themselves, others, and life generally. It also helps mediate stress in their future, improving resilience. Longitudinal studies indicate better outcomes later in life for children who are securely attached in areas such as self-esteem, peer relationships, relationships with parents and other authority figures, independence, education, marital relationships, impulse control, empathy and compassion (Levy & Orlans, 1999). Conversely, children with insecure or disordered attachment patterns tend to have less favorable outcomes, including issues with aggression, rage, inability to be love or give love reciprocally, impulsivity, and may lack in conscience, remorse and empathy (Levy & Orlans, 1999).

The quality of the attachment relationship impacts early brain development, shapes the child's inner working model (IWM) of the world, and forms patterns for future relationships (Bowlby, 1969; Bowlby 1988; Cassidy, Jones & Shaver, 2013; Levy & Orlans, 1999; Perry, 2009; Schore, 2000; Shea, 2014). "Particularly important for the development of a child's internal model of attachment is the availability and responsiveness of the caregiver, especially during times of distress" (Bradley, Whiteside-Mansell & Brisby, 1997). Secure attachment relationships act as a protective factor and secure base from which children can explore both their social and physical environment safely. A consistent, predictable, attuned, responsive and warm caregiver acts as the child's secure base, providing a sense of safety through the securely attached relationship (Bradley et al., 1997; Busch & Lieberman, 2007; Shaw & Paez, 2007). Developments in neuroscience over the past few decades have led to research in support of these theories, explaining how attachment impacts the brain and the implications of these findings for early childhood development in a number of contexts (Cassidy, Jones & Shaver, 2013; Levy & Orlans, 1999; Perry, 2009; Schore, 2000; Shea, 2014).

Attachment and the Developing Brain

Any number of circumstances may cause or contribute to the development of an insecure or disordered attachment, but they are commonly rooted in social interactions with an attachment figure. Common causes of disordered or insecure attachment include abuse, neglect, multiple placements in foster care homes and/or group homes, prolonged separation from a primary attachment figure (e.g., a lengthy hospitalization) (Levy & Orlans, 1999), divorce, conflict between parents and inconsistent parenting (Darbellay, 2006). The root of insecure attachment is a lack of trust, a reduced sense of safety and security with the primary caregiver, which is the child's first relationship.

Attachment begins in the limbic system at birth. It is “being built into the nervous system, in the course and as a result of the infant’s experience of his transactions with the mother” (Ainsworth, 1967, p. 429). The human attachment center lies in the right orbitofrontal cortex (OFC), which is connected to the limbic system. It acts as a regulatory/inhibitory system, regulating impulses as pathways are built and myelinated. Through the attachment relationship the child can be regulated (co-regulated) which supports him/her in developing the capacity and ability to self-regulate (Schore, 2000). Inconsistent interpersonal experiences keep the child stuck in the limbic system. Continued negative emotional experiences without learning to solve and resolve issues reinforces those pathways in the child’s brain. The dysfunction this causes in the frontolimbic system is associated with social and moral dysfunction (Schore, 2000). The frontolimbic system is responsible for functions such as facial recognition and appraisal, the ability to experience pleasure (touch, taste, sound etc.), emotional responses and regulation, as well as motivation and goal-directed behavior (Schore, 2000). The effects of dysregulation in this system can be observed in the behaviours of children with disordered attachment.

Children with disordered attachments frequently are indiscriminately affectionate and willing to form relationships with anyone (Levy & Orlans, 1999). This affection is often artificial as these children use superficial charm to be manipulative in the relationship (Shaw & Paez, 2007). This manipulation is an adaptive behaviour and there should be caution in labeling these children as manipulative as the negative connotations can make it more difficult for caregivers, teachers, and other adults involved with the child to work effectively and empathically. On the other hand, children with disordered attachments may be unable to form a relationship with anyone and unable to receive and accept genuine affection. These children tend to be prone to aggression, violence, severe tantrum behaviours, may act out sexually, run away and experience great

difficulty with change (Shaw & Paez, 2007), even on a small scale such as changing tasks. These children are often defiant and oppositional, destructive, impulsive, and hyperactive. They are more prone to lie, steal, set fires and be cruel to animals than their securely attached peers (Levy & Orlans, 1999). It is not surprising that many of these behaviours attract attention from the child welfare system and may lead to placement in care.

Symptoms of Attachment Issues

Emotional symptoms of children with attachment issues includes more intense displays of anger, depression and expressions of hopelessness; these children tend to be moody, highly anxious/fearful (Levy & Orlans, 1999) (which they will often deny and try to hide for fear of being vulnerable), and may display inappropriate affect or react in an emotionally inappropriate manner (Levy & Orlans, 1999). For example, a child with an attachment disorder may laugh or giggle uncontrollable while getting into trouble or when it is apparent that others are becoming frustrated with his/her behaviour. As this interaction continues, the child's laughter may quickly turn to anger and aggression as he/she becomes increasingly dysregulated.

Relationally, children with disordered or insecure attachment tend to lack trust in adults and can be very bossy or controlling, particularly with their peers, which creates unstable relationships. They tend to blame others for their mistakes and problems, victimizing themselves and also victimizing others through bullying behaviours. These children may be more accident-prone than their peers, suffer from enuresis and encopresis, have unusually high pain tolerance, be tactilely defensive and sensitive, and have poor hygiene. It is not uncommon for these children to lack empathy, remorse, compassion, faith, and may identify with evil or very dark, negative things (Levy & Orlans, 1999). Again, these behaviours are a reflection of the internal working model that has formed, affecting their core beliefs about themselves and others based on

their early life experience with their primary attachments.

Insecure attachment is also associated with unseen symptoms. Children with insecure attachment often lack the fruits of adaptation, emergence and maturation that securely attached children will exhibit. Children with attachment disorders are often “stuck” and struggle to accept futility and adapt in when they face it (Mate, 2008). In addition, they may not cry, lack a natural curiosity (emergence) and the integrative ability to have simultaneous conflictive emotions (mixed feelings) (Mate, 2008; Neufeld, 2014). When the demands of the adult exceed the child’s ability to comply or their desire to please, the counterwill emerges. The counterwill is the untempered and automatic impulse of the brain, and not purposeful or personal, though it is commonly received that way by the adult. If the response is not from an attachment perspective, the adults tends to resort to using force and leverage, which breeds apathy in the child (Neufeld, 2014). Attachment is the key to helping these children (Mate, 2008).

While control in parenting is important there are both positive and negative forms of parenting. Behavioral and firm control would be examples of positive control that provide rational and allow the child to maintain a sense of volition. Psychological or coercive control are negative forms of control that involve intrusiveness, pressuring through guilt, threat and punishment. This form of control communicates conditional regard and is perceived as threatening to the child’s volitional functioning and often results in increased reactance (Van Petegem, Soenen, Vansteenkiste & Beyers, 2015). Without attachment informed intervention, many caregivers and adults may give up or resort to the ‘how to’s’, which indicates to the child that the adult does not know what do with him/her. In turn, this creates a sense in the child that he/she needs to be in control and protect him/herself, eliciting an alpha instinct in the child (Neufeld, 2014).

The Hierarchical Nature of Attachment

Attachment is hierarchical and structured to facilitate dependency and care-taking through what Gordon Neufeld (2014) refers to as the “alpha dance”. In attachment relationships, one individual will be dependent on the other, the alpha, who meets that need. In adult romantic relationships, we take turns in these roles, depending on each other and being dependable for each other, reinforcing the trust and security of the relationship. In the relationship between a child and adult, the child should be the seeker and feel that they can depend on the adult. This sense of dependency arises from the feeling of a need, and implies they must trust, ask, wish for and look up to the adults, who in turn should feel responsible for the care of the child and his/her needs (Mate, 2008; Neufeld, 2014). This would reflect a healthy bidirectional relationship (Rankin Williams, Degnan, Perez-Edgar, Henderson, et al., 2009; Van Petegem et al., 2015) between parent and child that is often associated with authoritative parenting (Rankin Williams et al., 2009). Authoritative parenting is associated with high levels of warmth and firm control, while authoritarian is associated with high restrictiveness, firm control and low levels of warmth. Finally, permissive parenting is defined by high warmth but low levels of both forms of control (Rankin Williams, 2009).

Specifically authoritative parenting might include high warmth and involvement, clear communication of expectations, reasoning, democratic participation and general pleasantness, while authoritarian parenting might be characterized by high parental control, verbal hostility, restrictiveness, and other punitive strategies...Permissive parenting might include lax or inconsistent discipline, a general ignorance of child misbehavior, and lack of self-confidence about parenting (Rankin Williams, 2009, p. 1064).

Again, we see that within a healthy bidirectional relationship there is the hierarchical nature by which the parent provides warmth, responsiveness, unconditional positive regard, while maintain control, predictability and boundaries that neither encroach on the child's sense of volition or autonomy (Van Petegem et al., 2015; Rankin Williams, 2009). Authoritarian and permissive parenting styles, on the other hand, are associated with an increase in both internalizing and externalizing issues such as internalized stress, conduct disorder and delinquent behavior (Rankin Williams, 2009). Thus, the alpha child is fostered by default, because the brain has no other choice but to activate the alpha instinct when the caregiver has not taken on the appropriate adult role, or as a defense. In the latter case, the child is very vulnerable and has had that dependency exploited, or too much separation has led to the child feeling unsafe and hypersensitive. The child becomes the alpha as a reaction to a deep sense of vulnerability (Neufeld, 2014).

Essential to a securely attached relationship is the child's ability to trust in a basic invitation to exist in the adult's presence, and that cannot be dependent on his/her behavior or the alpha instinct will come out and the invitation will not be received because it is conditional and used as leverage. The primary caregiver needs to see the child's need and present him/herself as the answer to that need (Neufeld, 2014). This has become more difficult in an increasingly peer oriented world. Where there is a lack of an emotionally available and safe adult to depend on, the child or youth will turn to their peers. This has led to children and youth who are less naïve, less innocent, increasingly alienated from adults and less concerned about getting in trouble. This shift has contributed to an erosion of adult/parent authority (Mate, 2010).

There is the additional challenge of finding out what the child *really* needs (Mate, 2010), and that is a matter of being attuned. There must be an invitation for the child to be dependent.

This often will require the caregiver to hide personal feelings and needs to avoid the child feeling the need to become the alpha and compensate for the lack of confidence in the adult (Neufeld, 2014). I have often seen this in my work with at risk youth. When they can sense anxiety in workers, or fear because of their behaviours, they escalate more and become aggressive. They can sense that they are losing control and when they see that an adult does not feel in control of the situation, they react more intensely, often resulting in power struggles and aggression. When workers are able to stay calm and give the impression that they are not afraid of the child, it becomes easier to co-regulate him/her because they can see that they do not have to take control, because the adult is prepared to handle their behaviours and intense emotions. I see this as a fear response. As the adult and caregiver, we are in the role of protecting them from harm and often themselves. When they see that the adult caring for them seems incapable and scared him/herself, it must be very scary for this child who is already dysregulated and unable to engage in effective problem solving.

It is important to convey to the child that they are *not* too much to handle and take charge. The role of alpha in the relationship also encompasses nurturance and availability to the child. The caregiver should pursue more in the relationship than the child, so that he/she feels satiated in the relationship, alleviating cause for concern that our affections may be in short supply or disappear (like they have so often experienced in the past, particularly for children passed along in the foster care system). By being the comforter, compass, provider and nurturer, we become the alpha, relieving the child of the burden to take on that role (Neufeld, 2014).

Secure relationships with adults keep the child safe. Adult attachment figures act as a shield and provide a safe space to rest and recover from the insensitivity of peers (Mate, 2010). Children can be mean, often shaming and exploiting signs of vulnerability in each other. The

more peers matter, the more the child must become defended (Mate, 2010; Neufeld, 2014). Research indicates that school misconduct is positively correlated with higher peer attachment, while it is negatively correlated with perceived teacher support and sense of school belonging (Demanet & Van Houtte, 2012). Adult attachment figures in a child's life provide a safe home base (secure base) to find refuge and rest, and the courage to explore, thus developing independence and autonomy facilitated by this sense of security (Neufeld, 2014).

Early Childhood Complex Trauma, Attachment and Neurobiological Implications

Complex childhood trauma is of increasing concern due to the short and long-term effects on physical and mental health, as well as the accompanying rise in the number of children entering the foster care system (Clausen et al., 2012). These children frequently experienced neglect and/or trauma within the primary attachment relationship, have developed disordered relational patterns and experience secondary trauma when removed from the family home and placed into care. This early complex trauma results in a wide range of issues, including but not limited to: difficulty in relationships, drug and alcohol abuse, sexualized behaviours, self-harm and suicide (Clausen et al., 2012; Stien & Kendall, 2004). Furthermore, children who are removed from the home and placed in the child welfare system face the stress of multiple household transitions which research shows as positively correlated with increased problem behaviors and behavioral concerns (Bell, Romano & Flynn, 2015). Unfortunately, children who have suffered complex trauma are perceived as scary or as sociopaths who lack consciences due to their difficult behaviours and complex issues (Wesselmann et al., 2014). Taken together, attachment theory and neurobiology can better explain the root of these behaviours and complex needs of children who have experienced early childhood complex trauma, and better inform intervention to help foster resilience.

Early childhood trauma takes many forms such as neglect, sexual abuse, physical abuse, emotional and verbal abuse, witnessing domestic violence, lengthy hospitalizations or illnesses where the child perceives the primary caregiver as unable to help and protect them. Other traumas include placement in foster or group home care (Bell et al., 2015), and being put up for adoption (Stien & Kendall, 2004; Wessleman et al., 2014). Chronic traumatic stress creates deficits such as difficulty regulating emotions and level of arousal, altering consciousness and memories, damage to self-concept and identity, deficits in cognitive abilities and attention and/or hyperactivity problems (Stien & Kendall, 2004). Exposure to ongoing trauma within an attachment relationship impacts the child's developmental and mental health. The child's reaction is impacted by factors such as: duration of the trauma, the perceived degree of danger, whether the person or people involved as victims or perpetrators are attachment figures, how the child perceives the outcome, and the extent the event disrupts the caregiver's basic nurturing. Feelings of betrayal or abandonment have more impact on the child's healing than the event itself (Jonsson, 2009).

Children who have experienced complex trauma share common complex behaviours, feelings, thoughts and relational patterns. Frequently these children have a long history of mood swings, express feelings of extreme loneliness, sadness or a sense of emptiness. They may experience flashbacks or other intrusive symptoms related to the trauma. Often these children have a weakened sense of identity and engage in self-harming behaviours. They struggle with impulsivity and aggression. Their difficulties in developing close relationships reflect the disrupted attachment and attachment trauma they have experienced. These children often later abuse alcohol and drugs, are promiscuous and develop friendships with troubled peers. They enter the system young and become well known throughout adolescence. Extreme self-harm

behaviours and/or violence often leads to involuntary hospital admittance (Jonsson, 2009). They are frequently described as oppositional, defiant, destructive, impulsive, hyperactive and argumentative (Levy & Orlans, 1999; Shaw & Paez, 2007; Wessleman et al., 2014).

Diagnosing these children and youth is difficult since the DSM-IV and DSM-V do not include a diagnosis for early childhood complex and interpersonal trauma. The wide range of symptoms and issues exhibited often leads to comorbid diagnoses of the following disorders: Oppositional Defiance Disorder (ODD), Attention Deficit/Hyperactivity Disorder (ADHD), Post-Traumatic Stress Disorder (PTSD), Conduct Disorder (CD), Reactive Attachment Disorder (RAD) and Bipolar Disorder (Wesselman et al., 2014). In addition, the DSM-V has added Disinhibited Social Engagement Disorder, another classification of Attachment Disorder, and Explosive Disorder, in the same classification as ODD and CD (American Psychiatric Association, 2013). High comorbidity presents a challenge in finding effective interventions that address the root of the symptoms. There is also the concern that multiple diagnoses and labels contribute to the child's reputation and prejudice in the foster parent, as well as the child taking on these labels as part of their identity in a potentially destructive and damaging way.

Neurobiological Implications

Chronic stress due to trauma impairs the stress-response system and the amygdala becomes over-reactive to stimuli, even when non-threatening. Chronic stress increases cortisol and stress hormone levels that communicate to the body to prepare for danger and threat. This is toxic process to brain cells, specifically in the prefrontal cortex, which are likely undeveloped due to neglect. This results in the child's reduced ability to self-regulate as the brain reacts adaptively for survival, creating a more reactive child rather than facilitating regulation (Wessleman et al., 2014). The survival wiring of the child's brain has developed for quick

reactions due to the system's interpretation of stimuli as threatening. Stress due to maltreatment alters epinephrine and norepinephrine, corticotropin-releasing factor (CRF) and adrenocorticotrophic hormone (ACTH) which play major roles in the stress-response system and prepare the body for threat and need for "fight or flight" (Stien & Kendall, 2004). Typically, the sympathetic nervous system activates in response to stress, causing hyperarousal. However, repeated or chronic stress may also activate the parasympathetic nervous system, and the endogenous opioids (commonly known as endorphins) (Freberg, 2010) and dopamine systems (the inhibiting influence of cortisol), which creates an appearance of a calm state. Vagal tone increases, decreasing blood pressure and heart rate even with high levels of catecholamines (epinephrine, norepinephrine and dopamine) in the system. This creates a numbing effect in the child, the body's own anesthetic, to deal with the ongoing stress. The combination of the hyperexcitation and hyperinhibition creates a "freeze response", which is a dissociative response that may become the child's primary coping response in response to chronic stress (Stien & Kendall, 2004).

The hippocampus acts as a hub for conscious memory and is associated with learning, long term memory and memory retrieval. In addition, it works with the cortex for the appraisal of reward, punishment and neutrality to determine whether to inhibit the amygdala and stress response. Chronic stress results in neuronal damage in the hippocampus and a reduction of (Stien & Kendall, 2004). Both physical and sexual abuse are associated with decreased hippocampal volume due to suppression of neurogenesis, reduced dendritic length and cell death (Stien & Kendall, 2004). Damage to the hippocampus is believed to be due to cortisol, which is adaptive in small doses to deal with acute stressors. However, over long periods of time, such as in the case of chronic trauma, it erodes neural networks, damaging dendrites, and causing nerve cell

death. Damage in the hippocampus may also explain increased levels of cortisol as it is responsible for inhibiting the HPA-axis, which releases cortisol into the system. These effects are believed to predispose individuals to psychopathological disorders in adulthood. Hippocampal damage may also explain verbal and memory problems, such as memory fragmentation. Furthermore, the effects on short and long-term memory has implications for the relationship between childhood abuse and learning disabilities and academic achievement (Stien & Kendall, 2004).

High levels of cortisol receptors and activity in the cerebella vermis, a region of the cerebellum responsible for coordination, movement, regulation of emotional and cognitive functions by regulating electrical activity in the limbic system, makes it susceptible to the effects of high levels of cortisol observed in children who have suffered abuse and who display abnormal activity in the vermis. Abnormal activity in the cerebellar vermis may also be linked to other disorders such as ADHD, Bipolar Disorder, Depression, Schizophrenia and Autism (Stien & Kendall, 2004).

Maltreated children exhibit underdevelopment in the left hemisphere, which may be in part caused by interference during myelination of the nerve fibers due to abuse or neglect. This underdevelopment is associated with deficits in language and reasoning as well as difficulty with metacognition, which is the ability to self-monitor. Observed abnormalities in the corpus callosum result in poor communication between the hemispheres. Negative emotions are typically processed in the right hemisphere and positive emotions in the left. If the hemispheres are not processing together, the result is a lack of balance and integration of emotions, which may explain why these children typically will categorize people and things as being all good or all bad (Stien & Kendall, 2004). The limited integration and capacity to utilize other brain

regions in to aid in the integration of traumatic experiences is linked to dissociative states and depersonalization. Reduced activity in the left hemisphere results in no temporal link to the event. The right hemisphere is unable to connect the emotional experience of the event to the context or to words, thus meaning is not assigned to it (Stien & Kendall, 2004) impeding the processing and integration of the traumatic event. The disconnect may also explain why these children struggle to identify their emotions.

Abuse and neglect also impact growth and sex hormones; chronic stress makes one more prone to infections, autoimmune disorders and other diseases. In cases of severe neglect, delayed puberty and stunted growth are observed, as in the case of one boy who had never been to school and was beaten regularly, locked in a closet and denied food. When rescued at the age of 16. He was the size of an 8-year-old. This evidences the cascading biological response to abuse and neglect and the impact on gene expressions and growth. Studies indicate that a higher number of Adverse Childhood Experiences (ACEs) is correlated with increased risk for adulthood disease. Healthy brain development impacts overall healthy development, and likewise, disrupted brain development impacts overall disrupted development (Stien & Kendall, 2004).

Furthermore, research provides robust evidence of a strong correlation between childhood trauma (CT) and psychosis. Etiological models attempt to explain this link. Causal association states that CT causes psychosis, however fails to take into account other possible contributing factors. Reverse causality suggests that early symptoms of psychosis make one more vulnerable to CT and adversity, however this does not explain why symptomology of psychosis is often not observed until after CT. The genetic confounding model suggests a genetic predisposition increases risk for both CT and psychosis, but the trauma has no influence in the development of psychosis. Finally, the genetic mediation model of environmental influences

posits that genetic risk increases the chances of developing psychosis and experiencing CT, and that CT contributes to the likelihood of developing psychosis (van Winkel et al., 2013).

A biological mechanism suggested as a link between CT and psychosis is the sensitization of the mesolimbic dopamine system. An excess of dopamine releases in response to a psychosocial stressor in the presence of low parental care and has been found to be highly correlated ($r=.78$) with cortisol levels as compared to a control group of those with high parental care. While no direct genetic links have been found between CT and psychosis, mood regulating factors and the serotonin transporter gene, neuroplasticity and BDNF (brain-derived neurotrophic factor), as well as stress reactivity and FKBP5 (FK506 binding protein 5), which are related to CT and other mental disorders. Future research should seek to differentiate environmental and genetic influences and their interaction (van Winkel et al., 2013).

Effective intervention for complex interpersonal trauma is challenging due the range of resulting behaviours and symptoms. Current diagnostic approaches often lead to multiple diagnoses that fail to represent the child's difficulties within the framework of the compounding trauma with far reaching consequences into adulthood. Children with complex trauma who have not had appropriate attachment interventions, frequently grow into adults with difficulties and issues that are rooted in that attachment trauma, making this approach vital to their healing.

Trauma and the foster care system

The trauma of child abuse is magnified for children placed in foster care. The disruption, disorganization, and discontinuity experienced in foster care further extend the trauma of abuse. Effective treatment of foster youth must prioritize the basic need for children to experience continuity, stability, and permanency in attachment to a health adult(s) (Clausen et al., 2012, p. 43).

A large portion of children in foster care have both emotional and behavioral issues (Bell et al., 2015) and are at risk for developing further issues as a result of the abuse, neglect they have experienced, poverty and parental mental health issues (Orme & Buehler, 2001). History of abuse or maltreatment, the number of placement disruptions, sexual abuse, and authoritarian or harsh parenting are correlated with higher levels of externalizing behaviours (Cheung et al., 2011; Rankin Williams, 2009). Some estimates suggest that almost half of children in care meet clinical levels of externalizing behavior, which is particularly concerning as these children are more likely to be moved frequently which in turn feeds into the problematic behaviors (Cheung et al., 2011).

It is a goal of the foster care system to minimize the amount of time children spend in care, to provide placement stability, and if possible to reunite children with their families. Unfortunately, reunification is often not an option. Behavioral impairments of the youth reflect the abuse, trauma and/or neglect experienced within the family. Furthermore, children who have behavioral and emotional problems are roughly half as likely to ever be reunified with their families (Kupsinal & Dubsky, 1999). A great deal of research has been dedicated to the success of this goal; however, much of the research in this area is contradictory and fails to take into account a number of variables that may have more predictive value for long-term outcomes of these youth once they reach adulthood (Akin, 2011; Fechter- Leggett & O'Brien, 2010; Koh & Testa, 2011; Villegas & Pecora, 2012). A study by Kupsinal and Dubsky (1999) identified age at entry, age at termination, gender, race, family violence and behavioral impairment as a few predictive factors of time spend in care, with behavioral impairment being the strongest predictor. Research and application of theory in this area is particularly important given the

continuing rise in numbers of youth in care who as adults are more likely to be underemployed, undereducated, homeless and at risk for serious mental health issues (Forkey & Szilagyi, 2014).

Kinship versus Non-Kinship Placement

The process of being removed from the home and placed in foster care may be a risk factor for externalizing behaviours (Orme & Buehler, 2001) and has traumatic effects on the child. It has been thought that kinship placements may reduce those traumatic effects (Fechter-Legget & O'Brien, 2010). While some research suggests that kinship placement may reduce externalizing behaviours (Cheung et al., 2011), other research has failed to support evidence of potential mediating effects of kinship placement. To evaluate the effects of kinship versus non-kinship placement, Fechter-Leggett and O'Brien (2010) studied mental health outcomes of 1068 individuals between the ages of 20 and 49 who had been in foster care, while Koh and Testa (2011) examined differences between re-entry risks for 2,088 children discharged from kin and non-kin placements. Both studies took into account other possible variables such as length of time in care, age at first placement, number of placements, disabilities, run away patterns and school services (Fechter-Leggett & O'Brien, 2010; Koh & Testa, 2011). Unlike Fechter-Leggett and O'Brien (2010), Koh and Testa (2011) reported a lower risk of re-entry for children who had been in kinship placements. However, they discovered that those effects were diminished when child-levels factors, such as age at first placement and disabilities, were taken into account. Those factors may reflect a selection bias that is more predictive than kinship placement on its own. Interestingly, both studies identified similar predictive variables for target outcomes, despite their target outcomes not being the same. Koh and Testa (2011) found that child-level characteristics, placement variable and family vulnerabilities were indicative of re-entry rates, whereas Fechter-Leggett and O'Brien (2010) identified parental mental health, placement

stability, age of first placement, school services and positive adult relationships to be predictive of mental health outcomes for adults having left the foster care system. Villegas and Pecora (2012) identified similar variables in their study of mental health outcomes for adult alumni of foster care. They found mental health outcomes to be significantly related to age, gender, age at time of first placement, maternal mental health, maltreatment in care and total number of placements.

Social and Emotional Adjustment

Social and emotional adjustment of foster children is associated with foster parent acceptance, authoritative parenting style, and the foster parents being motivated to foster as a result of an affinity toward children. Externalizing behaviors of foster children is associated with insecure attachment and physical punishment, while internalizing behaviors is associated with poor treatment from foster parents, levels of foster parent annoyance, low levels of acceptance from the foster parents, insecure attachment to the foster mother and a low-quality relationship between the child and foster parents (Orme & Buehler, 2001). A study examining predictors of psychosocial adjustment in 220 Canadian adolescents in out-of-home care between the ages of 14 and 17, found that fewer primary caregivers and perceptions of high-quality relationships with female caregivers was associated with lower levels of both anxiety and aggression (Bell, Romano & Flynn, 2013). Some new research indicates that about 50% of adolescents in out-of-home care are able to form positive and secure attachment relationships with their foster parents, in spite of ongoing insecure attachment relationships with their biological parents (Forkey & Szilagyi, 2014). This is significant in the discussion of fostering resilience in youth experiencing out-of-home care. Bell, Romano and Flynn (2013) define resilience as, "...positive adaptation and functioning following exposure to significant adversity" (p. 1007). General literature on

resilience often includes as part of the definition the ability to form secure attachments. Furthermore, research has found that children who have fewer placements and who have contact with biological family members tend to have better outcomes (Bell et al., 2013). Fostering attachment and placement stability appear to be crucial factors in increasing resiliency and promoting positive long-term outcomes for youth who have experienced adversity and are in out-of-home care.

The characteristics of stability in foster/kinship families also includes respect for a child's sense of belonging in their family or origin and being aware and accepting of celebrating a child's racial/ethnic heritage. Safety and permanency are fundamental to well-being, but insufficient by themselves (Forkey & Szilagyi, 2014, p. 1070?).

Cultural considerations

Neckoway, Brownlee, Jourdain and Miller (2003) acknowledge the centrality of attachment to the child's welfare and observe, and the psychological ramifications of disordered attachment and separation these children experience, but they argue attachment presents differently in other cultures. Thus, if attachment theory is to be applied appropriately in the care of aboriginal youth, it must reflect the cultural presentation of attachment in aboriginal cultures. In fact, they could not find any literature on attachment theory that reflected Aboriginal perspectives. In Aboriginal cultures children hold a special place as a gift from the spirit world and is to be treated with care so that they do not become disenchanted and return to a more affable place. They go on to describe that it is the mother's role to in a nurturing manner, teach the child about how all things are interconnected. There are stories that include specific instructions on how to care for children properly and how to instruct them, along with the consequences of not following those teachings. There is an Ojibway analogy relating earth and

motherhood, that highlights the importance of consistency in the midst of change and this was considered necessary to give life. “This type of character and quality was expected of the Ojibway mother, whose foundation was love” (p.112). The mother was seen as instilling confidence in the child through her love. Sioux teachings also reflect the importance of this relationship between the mother and her child beginning in utero until the child is 2 years old as fundamental to the child’s connection with all the rest of creation. There are clear parallels with attachment theory in these accounts.

Where attachment theory begins to differ is in the concept of families. “The Aboriginal concept of the family views the child as belonging to the family group, which shares a collective responsibility in the care and nurture of the child, and children are rarely left alone” (p. 113). In this context attachment is not dyadic but exists on different levels within the community, as it is not only the child’s immediately bloodline that is responsible for their care, but rather the community and nation as well. Traditional rituals reflect the attachment of the child and community. Ceremonies are meant to strengthen the ties between the child, parents, family and their community (Neckoways et al., 2003). Although similar to concepts presented in traditional attachment theory, here Aboriginal perspectives challenge us to stretch our notions of attachment and extend them to include a broader range of significant attachments. The forced assimilation implemented in residential schools created inter-generational trauma by hindering inter-generational communication of parenting teachings and values (Neckoways et al., 2003). Future research should seek to reflect the cultural perspectives of Aboriginal people, particularly with their children being overrepresented in the foster care system in places such as Saskatchewan.

Ultimately, we must honor the voices of those who have experienced care in the child welfare system if we are to accomplish our common goal of helping youth in our province and

promoting resilience. If our youth cannot believe and trust in a good world, how can they hope that something good will ever happen to them? We can help create trust in a good world by giving them a voice in their own world; a world that has given them very few choices and even less control since the day the first children were forced into the residential school system. The transgenerational effects of the residential school system add to the complexity of addressing the already complex needs of these children and youth (Sinha & Kozlowski, 2013). It could be debated that current child welfare still echoes the residential school system. In an attempt to address the impact the residential school system has had, federal funding was used to establish The Truth and Reconciliation Commission (Sinha & Kozlowski, 2013). The first of the Calls to Action the Truth and Reconciliation Commission laid out addresses the issue of overrepresentation of Aboriginal children and youth in the child welfare system stating:

We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:

- i. Monitoring and assessing neglect investigations.
- ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
- iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.

- iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing.
- v. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers (Truth and Reconciliation Canada, 2015, p. 1).

This study uses narrative interviews, designed to honor this call to action and the voices that were quieted by the residential school system. Traditionally, storytelling was a way of teaching, passing on traditions and transmitting their culture. Aboriginal people used stories to share lived experiences, to mark and recall important stages of life. Storytelling also reflected a sense of connection between all things. In the residential school, children were taught that the stories of their parents, grandparents and elders were made up and should be forgotten. Children were forbidden to speak their native languages, which resulted in the loss of their ability to speak and connect with their parents and communities (Partridge, 2010). While the quantitative data and findings of much of the research is valuable, it is important to interpret those findings within the context of culture and lived experience. In light of the Calls to Action outline by the Truth and Reconciliation Commission, and out of respect for the importance of traditional storytelling, this study seeks to extend existing research by using interviews and the lived experience stories of out-of-home-care. In doing so, this study provides a platforms relevant voices, including the previously silenced voices of individuals who experienced the cultural degradation of the residential school system.

Figure 2.1. Bidirectional relationships between developmental influences and impacts on childhood social and emotional development.

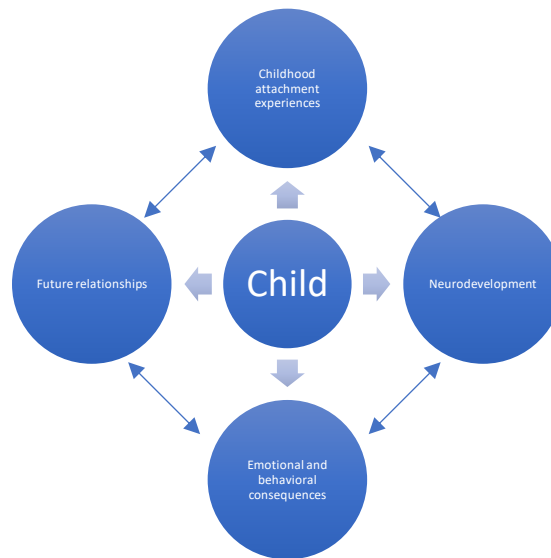


Figure 1 offers a simple illustration of how early childhood attachment experiences create a cascading and bidirectional impact of childhood development with the child at the center both influencing and being impacted. Childhood attachment experiences shape early neurodevelopment which impact emotional and behavioral development. This can then create reinforcement of pathways in the brain that in turn will have emotional and behavioral consequences. These in turn, along with those early childhood experiences, affect the child and the child's ability to engage in future relationships. Although this figure does not fully capture the complexity of childhood development and the impact of early childhood experiences, it demonstrates ways these experiences and the consequences of them continue to influence the child and the child's social and emotional development.

CHAPTER 3: METHODOLOGY

Methodological Design

This qualitative narrative study explored the potential role of attachment in fostering resilience. The lived experiences of participants provide insights for how to improve the care for youth who have experienced trauma and been removed from parental care. Narrative is considered an interpretative approach involving storytelling, in which the recounting is fundamental account of the individual's human experience, and how they make sense of events in their lives (McAlpine, 2016). This study utilized a naturalistic narrative approach, with the focus on the experience of each individual participant and what those experiences meant to them as individuals (McAlpine, 2016). McAlpine (2016) argues that, "since multiple views on experience can co-exist as part of narrative research report...it is possible to provide a richer and more plausible representation of lived experience" (p. 40). This study examined narratives of six individuals, followed by a thematic analysis across cases. A narrative from an adult who had experienced out-of-home care and has a story of resilience was used to draw out themes pointing to how his resilience and stability was fostered. A clinical psychologist with experience working with youth in out-of-home care, a foster parent, an educator, an elder, and a community leader were also interviewed regarding their experiences working with youth in the child welfare system to explore multiple perspectives of how to better help youth and families involved in the child welfare system. All participants were over the age of 18 years old and generously participated voluntarily without incentive or compensation for their time.

The purpose of this narrative research study was to explore the potential role of attachment foster resilience in youth in the child welfare system in Saskatchewan. Furthermore,

the research considered the first call to action of the TRC and examined the overrepresentation of indigenous youth in care. The overarching research question was whether or not attachment (or relationship) would be central in fostering resilience. This was explored through the narratives of an individual who lived in out-of-home care, a child psychologist who works largely with this demographic, an educator in a core neighborhood high school who works toward increasing school attendance, an elder, a foster parent and a community leader whose work and team address the needs of marginalized youth and families on a daily basis through their community center. Interviews were conducted to allow narratives and lived experiences to be shared in depth and without the constraints of formalized and set interview scripts. Thematic analysis was then used to identify themes and sub-themes across interviews and experiences (Braun & Clarke, 2006). Thematic analysis was chosen as the most appropriate approach to data analysis because “through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data” (Braun & Clarke, 2006, p.78). Given the narrative nature of the research, allowing for flexibility and depth is important to ensure that data analysis did not stop at the semantic level, but went deeper to the latent level, allowing for more of a psycho-analytic and interpretative analysis (Braun & Clarke, 2006). Personally, I found this aspect of thematic analysis to fit well with my own personal theoretical background. Being a fan of Erik Erikson’s psycho-dynamic approach and as a therapist, I view the interpretive aspect of thematic analysis as integral in providing a rich and full analysis of the data. It is also worth noting that while thematic analysis allows for theoretical flexibility that does not mean there is no theoretical framework and it is important to acknowledge (Braun & Clarke, 2006) the framework of this study. My own theoretical foundation in attachment theory as a counsellor and in my work with youth has certainly shaped

my approach to the research question, as is evidenced in the overarching question and title of the research project. However, I did not limit myself to only this theory and purposely left space for other theories to emerge with the data. Thematic analysis then allowed for further flexibility in my interpretation of the results.

Participant Recruitment

Recruitment involved personal invitations to participate to a select few who met recruitment criteria. In addition, snowball sampling was utilized, meaning other participants were referred through each other. Participant recruitment proved to be a long and challenging process due to a number of factors. For instance, it was important to ensure that all participants were adults, stable and/or in their own lives due to the sensitivity of the research question. All participants were employed, considered themselves stable and capable of completing the interviews without distress, and were also considered stable and/or resilient by the person who referred them to this study. Demonstration of resilience was most important for the primary participant as the goal was to explore her experience of resilience. The research design called for only one participant to have experienced out-of-home care, multiple participants had in fact lived in residential schools or foster care. Even for participants who had not direct experience living in out-of-home care, during ethical review of this study, it was discussed that there was still some potential for those working with children and youth in the child welfare system to experience some distress or upset in recalling their experiences. While the focus of the interviews was on resiliency factors, the experiences shared were not all positive and this was anticipated. As an extra measure of precaution, a list of mental health care providers was made for any participants in case of distress from sharing those experiences.

Data was collected from participants from different regions in Saskatchewan, all with busy careers, creating challenges for setting up times for interviews and follow up interviews. While it was not intentional to recruit from different regions, I believe this is a benefit to the study as the child welfare system faces other unique challenges in remote areas, such as increased travel time and difficulty accessing social workers, or setting up family contact visits. It also shed light how racism in different regions, impacted participants, specifically the primary participant who lived in different areas and whose encounters with racism in North Battleford contributed to her final exit of the child welfare system and road into addictions.

Initially it was proposed to interview a social worker as well. I could sense during my personal invitation to participate some hesitance and I realized there was a potential conflict of interest. There was the possibility that a social worker participating may not feel comfortable or safe to freely discuss any issues or criticism of how the child welfare system is currently functioning. There was also the potential that he/she would be so entrenched in the system that bias may impede exploring ways of better supporting children and youth in the system. Furthermore, I felt that given the nature of the research question, it was more important to platform the voices of those outside the system, and decided that the interview would not be pursued and another participant would be sought out. Given some of the challenges these children and adolescents face in the education and the importance of education, a teacher working in a core neighborhood high school with indigenous and marginalized youth was sought out and readily agreed to be interviewed. A cultural guide was also sought out to help and support me in ensuring that I remained culturally sensitive in my approach to recruitment. In particular, this was utilized to approach elders I had no previous relationship with. Unfortunately, due to busy schedules, the first 4 elders approached were unable to participate and my cultural

guide also became inaccessible due to busy schedules. However, having fostered other relationships in indigenous communities, I was fortunate enough to be connected to an elder who was more than happy and willing to participate and share her experiences and knowledge with me. Her readiness and eagerness to participate in spite of her incredibly busy schedule was such a relief and comfort to me. I cannot thank her enough for the rejuvenation her responsiveness provided me during this process. In fact, the same can be said for all participants who joined me in this research. Their enthusiasm and passion for the topic and for helping marginalized youth in care continuously recharged my own enthusiasm in the face of many delays and challenges.

Procedure/ Data Collection

Qualitative data was collected in the form of narrative interviews, using open-ended questions, after each participant had been informed about the purpose and procedures of the study. The participants were given a consent form that they were asked to read and sign and/or give verbal consent for. The consent form clearly indicated that the participant had the right to withdraw from the study at any time for whatever reason without penalty, or could decline to answer any questions that may be too personal or upsetting (see Appendix A). I answered any questions or concerns the participants had before proceeding. After signing the consent form, participants were reminded of their right to withdraw or decline to answer any questions they were not comfortable discussing.

The interviews were all roughly 1-hour long. Interviews were conducted in a quiet place of the participant's choosing (e.g., an office) or via telephone and interviews were recorded on an iPhone. Four interviews were conducted in person, and 4 were conducted over the phone due to participants being in remote communities and unable to come into the city. The phone interviews presented some challenges, such as unexpected interruptions, however they also allowed for

access to valuable participants that otherwise, I would not have been able to interview. Each participant was asked basic demographic questions such as age, gender, ethnicity and current occupation. The questions varied for each participant as each had a unique experience with the child welfare system. General interview script guides were created and approved by the Behavioral Sciences Research Ethics Board, except in the case of the community engagement interview which was created at a later date. All interview script guides (Appendix C) asked similar questions and were meant only as loose guides to allow for the participant's story to take precedence over a set script and to provide richness and depth in their narratives. In two cases, I requested brief follow up interviews. Follow up interviews were conducted with the psychologist and the individual who had experienced out-of-home care. In the case of the psychologist, a follow up interview was conducted to explore resilience as a mental health professional working with this demographic. A follow up interview was also requested of the primary participant to explore in more depth her personal view of resilience, and her ideas for ways the child welfare system can better support these children, youth and their families.

Data Analysis

Qualitative data in the form of audio recorded interviews was transcribed into word documents. Once all the data was collected and transcribed, I organized and dated all of the files collected in preparation for thematic analysis of the data (Braun & Clarke, 2006). Transcripts were written in word documents and password protected both for reading and for writing. As I read through the transcripts, I began by highlighting passages that seemed to reflect potential themes or that seemed of particular relevance, taking notes in the margins and adding in any notable observations. For example, if an experience or reflection was similar to that of another participant, it was flagged as relevant and highlight for further review. I then created codes for

the narratives to help draw out and identify common themes (Cresswell, 2007). Once I coded and had drawn out themes, I interpreted my findings by reducing my data to an overarching theme and subthemes while applying findings to the literature and future directions. Participants were given the opportunity to review the transcript and my analysis of the themes and give me feedback and offer any necessary clarifications.

Although the qualitative data cannot be assessed for validity in the same way that quantitative data can (Onwuegbuzie & Leech, 2007), the procedures can be assessed and can help to rule out other interpretations of the data. Trustworthiness of qualitative research was accounted for through credibility, transferability, dependability and confirmability (participants (Amankwaa, 2016; Connelly 2016; Thomas, 2006) of the data and results were all considered and accounted for. In addition, I used the Qualitative Legitimation Model to evaluate and increase legitimation of the qualitative data (Onwuegbuzie & Leech, 2007).

Stages of Analysis

Stage 1: Analysis of the data began with the transcription process. While transcribing lengthy interviews is a tedious process, it also allows the researcher the opportunity to become familiar with the data. I chose to transcribe all of the interviews myself for this reason, as well as to protect the privacy of participants. Transcribing involved listening to interviews slowed down and several times and at different playback speeds to ensure that transcription was both accurate semantically and an authentic reflection of participants' responses to my questions and related prompts. I then went through each interview highlighting sections that were of particular interest or relevance to the research question. In addition, I took notes in the margins as connections to other interviews and related research or as new questions came to mind.

Stage 2: Coding the data meant that first I had to begin to reduce the data to the basic segments and elements of raw data that were most relevant and interesting both semantically and latently. This involved beginning to write down quote and interview summaries that could easily be reviewed, compared and still provided a coherent picture of what each participant communicated as their story and experience of the child welfare system and how to better foster resilience in children and youth in care.

Stage 3: The next phase in analysis was to look for the broader themes within and across interviews and create a list of potential themes. After creating a list of themes, I reviewed these, interview transcripts and summaries to help further reduce the data into broader or more overarching themes and sub-themes. By continuously reviewing the data and themes I was able to collapse themes into each other and begin to focus in on the main themes and formulate my own understanding of how these themes and subthemes fit together. For example, the subtheme of needing better supports for the children and youth, built in supports for biological families and foster families, as well as more community supports was all collapsed into the subtheme of *supports*.

Stage 4: The next phases of analysis was to review the main themes and subthemes to check for coherency. I checked to make sure themes fit with the raw data as well as with the overall messages of the participants. This meant reviewing my notes, my initial categories and how they were reduced, collapsed, and matched with sub-themes. At this point I actually found that I had failed to include a theme, which was then added in.

Stage 5: Finally, I began to create a meaningful picture of how the main themes fit together and created an overall coherent whole. This involved formulating a diagram that could

encapsulate the themes, how they intersected and interacted with each other and how this fit with my overall research question as well as with current research and other theories.

Trustworthiness

Trustworthiness in qualitative research is important to consider and can be assessed in a number of ways. Trustworthiness, which is considered analogous to rigor in quantitative research, can be established through the credibility, transferability, dependability, and confirmability of study. (Amankwaa, 2016; Connelly 2016; Thomas, 2006).

Credibility refers to confidence in the truth of the findings. This can be established through a variety of means, such as member-checking/stakeholder checks, and prolonged engagement with the participants (Amankwaa, 2016; Connelly 2016; Thomas, 2006). To ensure credibility I conducted stakeholder checks throughout the research process. To begin, I summarized and clarified during the interview process with participants to ensure I was understanding what they were wanting to communicate and that I was capturing the main points that they were trying to communicate. After transcribing, I then gave all participants copies of the transcripts to allow them to make any changes or clarifications (stakeholder checks) to ensure they were comfortable with the data from their interviews. I also provided each participant with the summaries of their interviews for feedback as well. Furthermore, I spent time communicating with participants both before and after the interviews through phone calls, texts, emails, and in person. I was in contact with participants ranging from 3 to 11 months.

Transferability, analogous to generalizability in quantitative research, refers to the extent findings can be applied to other people in other settings (Amankwaa, 2016; Connelly 2016; Thomas, 2006). However, unlike in quantitative research, qualitative research has a focus on the story of the participants without claiming it to be everyone's story (Connelly, 2016).

Transferability can be accounted for through rich and detailed description of the data (Connelly, 2016) and demonstrating that the findings are applicable in other contexts (Amankwaa, 2016).

Transferability in this study has been addressed through the depth of the interviews, rich descriptions, and maintaining of records. Records were kept in the form of verbatim interviews, faxes between myself and participants with reading material for me explore, such as the Circle of Life teachings, and a personal notebook of my own reflections on interviews and the analysis process. Furthermore, the findings are considered within the context of theory and research, and demonstrate that while the demographic of this study is local, the problem (how to foster resilience) and findings are both supported in theory and in practice.

Evaluating dependability involves assessing accuracy in the interpretations and conclusions. This can be accomplished through research audits that show support that for the interpretations and conclusions drawn from the data (Amankwaa, 2016). Dependability of this study was assessed and established through a research audit, which involved comparing my data and findings with those of other research findings and interpretations. As I continued to read other studies and more literature I found not only similar findings in research (Orme & Buehler, 2016), but also that other researchers were seeing similar connections in theory as well. For example. Bell, Romano and Flynn's (2015) research on predictors of behavioral resilience among children in the child welfare system also points to the importance of positive parenting and considering the child within an ecological model. Finally, the analysis process was also shared with my supervisor for coding consistency checks, and his feedback was utilized to further refine and understand the data. Interview transcripts and summaries were also shared with him to increase the trustworthiness of the findings.

Confirmability established neutrality in the study, such that findings are reflective of the participants and not researcher bias. Audit trails and triangulation are two ways in which this can be established (Amankwaa, 2016). In this study, audit trails, such as transcripts and process notes have been kept for the purposes of confirmability. Furthermore, source triangulation (interviewing participants with differing viewpoints) and theory triangulation (considering the findings within the context of differing theories) were used to protect against any bias (Amankwaa, 2016). I considered the systems and adults that play significant roles in the lives of children and youth, such as teachers who spend a significant portion of the week educating children and youth and are in an influencing position, and mental health care providers who work on a more emotional level with this demographic. Including a foster parent lends to the perspective of the primary caregiver who faces the daily challenging behaviors and emotional challenges with these children and youth. An elder contributed a cultural perspective, while an indigenous community leader gave a broader perspective of the impact on the community and provided community engagement. Finally, the lived experience of the primary participant gave for an inside view of experiences of out-of-home care and what contributed to her own story of resilience. Finally, I discuss my own bias toward attachment freely throughout this work for the sake of transparency. For example, I have stated how my work experience influenced my own perception of what is effective in fostering resilience among this demographic and how that led to the research questions and desire to do research in this area.

Finally, a 5th criteria of authenticity, which refers to an appropriate selection of participants for the sample and the acquisition of rich data can be used to further support trustworthiness (Connelly, 2016). Participant recruitment was carefully considered in this study, as delineated above, so that multiple perspectives would be considered from relevant sources.

This resulted in quite a lengthy recruitment process that spanned a period of nearly a year and a half. Careful consideration was given to who would be appropriate to interview (age, stability, experience), and the contribution that varying perspectives would bring to the research.

Interviews were conducted with open-ended questions and without a time limit being imposed to allow for a rich and detailed description to be shared. Follow-up interviews were also conducted in two cases as I had follow up questions for the child psychologist and both myself and the primary experiencer felt we needed more time to discuss her definition of resilience and ideas for ways the system could better support this demographic. Follow-up interviews with the other participants were not considered necessary by myself or the participants, however the option to follow up was left open. The ability to provide this kind of depth and breadth in perspectives helps to establish authenticity and is a strength in qualitative research to provide meaning and increase understanding (Amankwaa, 2016).

Ethical Considerations

There are many examples in the history of psychological research of ethical violations with racial and ethnic minority participants. It is important to be vigilant as a researcher working within a multicultural context. It is incumbent upon the researcher to be self-aware, culturally sensitive, and to possess multicultural competence. Due to the often prolonged and personal contact with participants in qualitative methods, the researcher is faced with another set of ethical issues. For example, recruitment of participants, potential multiple relationships and interpretation of the qualitative data can pose ethical concerns. When interviewing, the researcher cannot predict the direction the interview will take, nor can he/she predict how participants may respond during or after, limiting the researcher's ability to fully prepare the participant for what may come up in discussion or their experience. Unlike in quantitative

research, the qualitative researcher must have a personal and often intense interaction with the participants as a foundation for eliciting their personal stories and lived experiences.

Furthermore, qualitative researchers frequently need to follow-up with participants for a period of time (Ponterotto, 2013).

Ethical considerations for this narrative study centered largely around the first participant and the need for me to be culturally aware and respectful, while still recognizing that other participants may also have negative experiences that could come up and cause some degree of distress in the interview. I constructed questions that do not ask for the sharing of any trauma and left it up to the participant what he/she would like to share about positive and negative experiences while in out-of-home care. I reiterated that he/she could decline to answer any question or choose to withdraw at any time. The first participant shared a personal story of out-of-home care, and in spite of sharing her history of abuse, addictions and trauma, she shared her story with a sense of humor and with a joyful spirit that exhibited her resilience. Ethical consideration was also given during the recruitment process, which is why adults who demonstrated stability were chosen. Furthermore, the political nature of the research was considered, leading to the social worker interview being dropped, and certain data and details being excluded to protect the anonymity of participants. I had not anticipated how that may impact the length of time it would take to recruit participants, and future researchers in this area should consider allotting extra time to account for this and discussing any concerns about potential ramifications with participants as I found this to be both a necessary and lengthy process.

I also tried to be sensitive to the potential that the form of questioning in the interview may not be culturally appropriate (Ponterotto, 2013) by limiting additional questions and

allowing the participant to share freely whatever he/she choose of his/her experiences with the child welfare system and/or other forms of out-of-home care. The majority of the participants were not asked personal questions, but rather their professional experiences and perspectives working with children and youth in care. These questions posed little threat to their emotional and psychological well-being.

To address the ethical concerns surrounding culture, I used Ponterotto's (2013) list of Competencies for Ethical Qualitative Research With Culturally Diverse Communities to navigate potential ethical concerns and challenges. There was no use of deception about the purpose or procedures and I openly discussed with participants the impact their participation in the study may have on themselves and others to explore their degree of comfort proceeding before requesting informed consent. I also sought out a cultural guide to review my procedures and advise me in culturally sensitive approaches to interviewing. Particularly with the first participant I was conscious to not blur the lines between interviewing and counselling, allowing the participant to share his/her story freely. Participants were also given the opportunity to review the transcripts before data analysis in order to ensure they were comfortable with the information shared. After data analysis, participants were given the opportunity to review my interpretations and summaries from their individual interview in order to ensure they felt their voices and the meaning of their words had not been lost in the interpretation process. Finally, the anonymity of all participants has been protected by eliminating descriptions that could be identifying as well as any other information they requested to have omitted (Ponterotto, 2013). Transcripts have been encrypted and password protected on a password secured file service gateway. All hard copies of consent forms, transcript releases, and any faxes or handwritten

notes have been locked in Dr. Claypool's secure office. All data will be destroyed in 7 years by the University of Saskatchewan.

CHAPTER 4: RESULTS

The purpose of this narrative research study was to explore ways to better foster resilience in youth in the child welfare system in Saskatchewan. Furthermore, the research addressed the first call to action of the TRC and examined the overrepresentation of indigenous youth in care. The overarching research question was whether or not attachment or relationship would be central in fostering resilience. Sub questions explored the potential role of culture may play as well as any other factors participants believed would better help foster resilience in children in youth experiencing out-of-home care in Saskatchewan. This chapter offers a brief introduction to each participant and summary of their interviews, a summary of the findings and a more in-depth exploration of the overarching theme as well as related subthemes.

Introduction to Participants and Interview Summaries

The following section offers a brief introduction to the research participants as well as summaries of their interviews. Pseudonyms have been assigned to each participant to protect their anonymity. I have also given pseudonyms to anyone else mentioned during the interview process and have removed any information that may make participants identifiable or any information that they were not comfortable being included as part of their contribution. Quotes that have been extracted have been modified for readability but have maintained the meaning and message of participants. Words such as, um, uh, stutters or interjections such as, mhmhm have been removed for the ease of the reader and ellipses (...) have been used in place of any non-relevant text within a quote.

Participant 1: Experienter of out-of-home care

Josephine is a 63-year-old mental health therapist of Cree decent. Josephine grew up being raised by her grandparents but was placed in the residential school system as a child and

then entered the child welfare system after that. She was passed from home to home within the system until the age of 14 when she made her final run and began working under the table for a man who turned out to be a predator. Josephine found herself leaving the province and on the road of addictions until returning home to Saskatchewan and starting her family life and furthering her education. Josephine then spent 22 years working in a school with adolescents who share similar stories and now works all over the province as a mental health therapist. Her life and work experiences allow her to share invaluable insights from many perspectives.

In my interview with Josephine, I was struck by her joy and continuous expressions of love. In spite of her interview focusing the most on a personal story of adversities and abuse from living in the residential school system and foster care system, it was this interview that I found the most laughter in. Josephine's relationship and attachment to her grandparents, and her early experiences of love in those relationships were quite clearly the main source of her resilience. The family values she was raised with of respect, love, treating everyone equally, forgiveness for your own healing and making the most of what you have were engrained in her from a young age.

Although her life path exposed her to racism, repeated abuse and led her down the road of addictions, these values and those early relationships is what she attributes her ability to become resilient and to eventually adopt a healthy lifestyle. Another motivator for her was the birth of her daughters and her desire to give them a better life. Her love for her children also became part of her story of resilience. In her work with youth she quickly recognized her story in theirs, and this helped her make meaning of her own suffering and gave her a renewed sense of purpose. Recognizing and accepting that you have a purpose from the Creator is a message she shares with the youth she works with. I could see in Josephine that she lives each day with a

purpose by building connections, fostering meaningful relationships and sharing a message of love.

Participant 2: Psychologist

Meredith is a 46-year-old female child psychologist with some indigenous Métis background, although admittedly has not always identified as Métis. Meredith has been working directly with youth in foster care for almost 9 years in a clinic in one of Saskatoon's core neighborhoods. Typically, visitors to this clinic, are largely disadvantaged families and children with most of these children having histories of involvement in the child welfare system. Meredith has contracts with social services and offers support to youth, their families, and foster families. Meredith defined resilience within the context of her work and the children and youth she works with:

I guess for me, in the work I do with kids, the resilient kids are the ones who, you know they might still have behavior problems but they can still kind of do okay and go through the motions and you know they adapt well despite all the adversity that they have gone through. ...they bounce back from those things, they come back from them, they start to learn new skills...they're kind of survivors I guess, despite all the adversity.

At the heart of what Meredith saw as central to fostering resilience in youth in out-of home -care, was the importance of attachment: "... kids are definitely more resilient when they have a secure attachment to somebody in their life..." She identified repeated broken attachments as part of the issue that creates more challenges in working with youth, their families and foster families. Making more of an effort to help the child and biological parent maintain contact was something she identified as important because of the parent/child attachment, regardless of how unhealthy the parent might be, and something our child welfare system could be doing better.

Meredith also emphasized the psychological need for children to have consistency and a sense of commitment from their caregivers that is not conditional, but rather communicates unconditional positive regard. To help promote this relationship between foster parents and children, Meredith uses psychoeducation to help the foster parents understand the child better by putting their behaviors and challenges into context. This helps promote resilience in the foster parents that in turn creates space for bonding and attachment in their relationships with the child. Subsequently, the safety in that attachment and relationship helps to promote healing and foster resilience in the child.

Participant 3: Educator

Chuck is a 31-year-old male educator of mixed European background and identifies as of southern colonial European descent. Chuck is a teacher in a core neighborhood high school in Saskatoon. Chuck's second role at his school is much like hallway monitoring, with the goal to help increase attendance rates by building relationships with youth that are struggling with attendance. His role is not administrative and involves no consequences or punishments, but rather is relationship based: "I think what it does, is it allows young people to foster relationships with an adult that's not a teacher and that's not an administrator. When I wear that hat, they know that I'm not their teacher, I'm not their principal, I'm not their counsellor. I'm nothing. I'm just a person."

Chuck viewed resilience as overcoming barriers and still seeing success and central to fostering resilience in youth is the importance of relationships. From an educator's standpoint, this is reflected in the part-time role he has taken on, focused on developing relationships without conditions and consequences to help increase school attendance. He identifies the issues of systemic racism in the education system and how this has acted as a barrier to marginalized

youth in schools and a barrier to developing relationships with them and their families. He shared, “The most important factor for me is relationships. Relationships built through ongoing trust and understanding. And in order to do that, it’s critical to establish safe spaces where youth are comfortable to be at their best and at their worst.”

Participant 4: Foster Parent

Carey is a 30-year-old Caucasian woman living in a remote community in northern Saskatchewan. Carey works for the law enforcement and has been a foster parent on and off since 2014, giving her a dual perspective on the child welfare system and also lending insights into how the child welfare system functions in more remote areas of Saskatchewan and the unique challenges and barriers faced by these remote communities.

Carey’s experience from different angles with the child welfare system gave a broad perspective of the gaps and barriers that many of these youth, their families and foster families face in remote communities in Saskatchewan. Some of these barriers, such as a shortage of workers to help facilitate family contact and visits to their home community to participate in cultural events, are barriers to what Carey believes is crucial and central to fostering resilience in youth in the child welfare system, which is relationships. She shared, “At the end of the day, regardless of what these parents, you know, are accused of doing or are doing, their kids still love them.” And the importance of relationship and a sense of belonging she expressed as important within the context of the role of a foster parent as well: “... all these kids want is to feel a sense of love and to feel like they’re part of something, a part of a family unit that maybe they were never part of before...” From her standpoint as a foster parent, Carey stressed the importance of continuity of care, better communication with social workers, access to community and family contact and the need for the rights of both foster parents and the youth to

be communicated more clearly, so that foster parents can advocate better for the needs of the youth they have taken in. Even as an individual well versed in the system and how it functions, Carey's expressed frustration in the lack of resources and the difficulty in advocating for necessary supports.

Participant 5: Elder

Marie is a 65-year-old Dene elder living in a remote community in northern Saskatchewan. Marie works extensively in her community, in high schools and through the community center. Her work includes doing presentations in programming for families. Her presentation topics include: family systems and dysfunctional roles caused by addictions, health and unhealthy relationships, passive aggressive assertive communication, breaking the silence of family violence, codependency, suicide intervention and prevention, addictions, as well as cultural teachings such as tipi teachings and Circle of Life teachings. Marie also spent time living in a residential school, however that was not the focus of our interview.

Marie's work in her community merges cultural teachings, spirituality and psychoeducation to help individuals understand themselves better and to help them make lifestyle changes to become healthy, healed and resilient. Again, central to this was the theme of relationships. Marie emphasized the importance of values in particular and loss of traditional values and parenting ability since the residential school system and 60s scoop. These events were largely responsible for the subsequent breaking apart of family systems and disconnecting indigenous people from their traditional roots and extended family members. She believes resilience is "...the ability to bounce back from painful life experiences and continue moving forward with life, to survive against all obstacles and striving daily to recover and succeed." The way Marie believes we can improve support to children in the system is by having one-on-one

counselling for them, programming to teach life skills, family counselling and programming help for caregivers, including foster parents, to better understand the child and to evaluate their expectations. The relationships with the social worker and connection and contact to their home communities were also identified as key in supporting these children to become resilient as well.

Participant 6: Community Engagement

Jerome is a 56-year-old male who identifies as Métis. Jerome also spent time living in a residential school, as did his father and other family members. This was not a focus in our interview, however the effects of residential school that continue on today were discussed as it is inextricably linked to challenges the child welfare system currently faces and is linked to the overrepresentation of indigenous youth in care. He has been the executive director for 14 years at a community center in a remote community in Saskatchewan. Some of the services they provide includes a youth intervention worker that works with clientele who have been referred through the Justice System and assists youth that are either coming out of incarceration or who have been sent into an alternative measures program. The youth intervention worker encourages youth to return to school or to look for and gain further education or training to obtain employment. The community center also runs a program for families. This program is not mandated and has been modified to be culturally appropriate and relevant to the people of his community.

To Jerome, resilience has more than one meaning. It means having the ability to adapt and a desire to keep moving forward, but it also has meaning beyond the individual and within the context of the team he leads at the community center, and their ability to work as a team and with the people of their town and the nearby reservation toward the healing of their community. Jerome, like Marie, identified the issue of the disintegration of traditional parenting values that

now contribute to a generation of youth who have become incapable of adapting in the face of futility. He shared, "...we don't understand that by continuously spoiling the child, you take away the incentive and their ability to persevere, to move forward, because we do everything for them, right?" The problem of spoiling their children, similar to the permissive parenting style, is something Jerome identified specifically within the context of the community he is part of. He believes that parents who experienced the residential school system, in an attempt to give their children more than they had, have gone too far, resulting in youth who are less adaptive and less resilient.

Jerome believes that strong parenting is key in breaking the transgenerational pattern of dysfunction and abuse. To break the cycle of generation to generation disintegration of values, he believes we need to bring culture, values and value of good parenting back. He believed support groups, mental health counselling and daily purpose in work will sustain the hope his community needs to continue to heal.

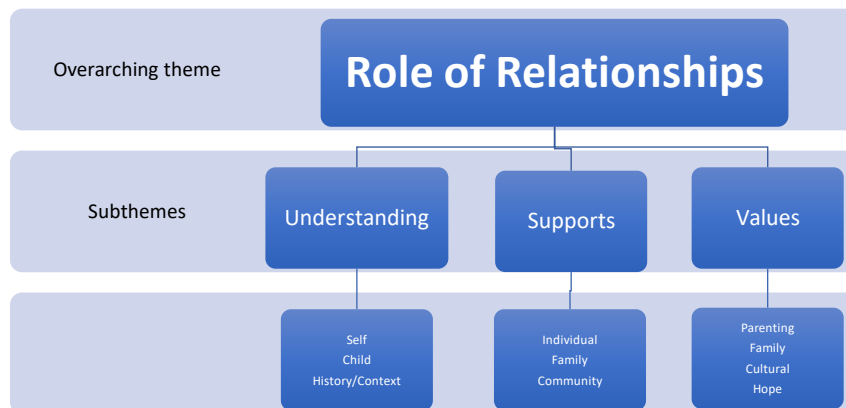
The Role of Attachment in Fostering Resilience in Saskatchewan Youth in the Child

Welfare System: Overview of Overarching Theme and Subthemes

The major overarching theme across interviews was the importance of relationships. Central to fostering resilience in youth was the need to first establish a strong and safe relationship, including qualities that we often attribute to secure attachment. Subthemes included the importance of understanding, supports, culture, family healing and values, parenting values and hope. Within the subthemes were further connections. As demonstrated in Figure 4.1, Understanding, supports and values were identified as subthemes, all of which were seen to play a role in the resilience of youth in the child welfare system. This table, however, is limited in its

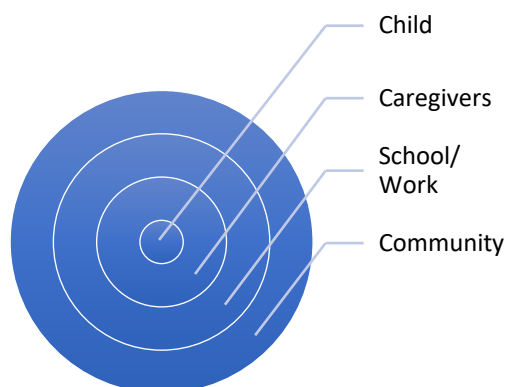
ability to demonstrate the interactions and bidirectional relationships of multiple systems that influence a child's resilience.

Figure 4.1. Overarching theme and subthemes



The interconnectedness of what fosters resilience in an individual also may be represented in concentric circles (Figure 4.2), akin to Bronfenbrenner's ecological systems theory, with the child at the center and caregivers as the closest influence. As we work our way outward in the circles, it is important to note that each system interacts with systems on either side of it.

Figure 4.2. Influential and interacting systems impacting the child



The Role of Relationship

“The most important factor for me is relationships. Relationships built through ongoing trust and understanding. And in order to do that, it’s critical to establish safe spaces where youth are comfortable to be at their best and at their worst.” In this simple statement, Chuck expresses an overarching theme across interviews, and touches on basic components of what builds secure attachment. This becomes particularly important and relevant to helping foster resilience in youth in the child welfare system. Meredith’s work with children in the system gives further insight into the importance of the unconditional love or unconditional positive regard these children need:

...the kids I see who are struggling the most are the ones that they have nobody who is there for them, and wants to care for them unconditionally, right? There’s always this condition of ‘well your behavior is getting bad, so sorry we can’t handle you anymore and you need to move,’ and that is not unconditional love or attachment, right? That’s very conditional and it just, it creates in kids this feeling of unworthiness and unlovability....

Research and theory support that forming a secure attachment, a quality relationship, can not only help recover from trauma that has occurred in the home, but also foster resilience (Busch & Lieberman, 2007) in spite of the additional trauma of being removed and placed in the child welfare system. In clinical practice, evidence continues to support that it is the therapeutic relationship that has the most significant impact on outcomes in therapy (Kietabl, 2012), further supporting the findings of this study, that quality relationships and attachments play a central role in fostering resilience in children and youth experiencing out-of-home care and the adversities that naturally accompany that experience.

Relationship with biological parents.

The importance of relationships was not limited to just one person within the child's social system. Just as Bowlby's theory acknowledged that though there may be one primary attachment, multiple attachments can form. Although these attachments are not valued equally, they are significant (Ainsworth, 1979) and play a role in the wellbeing of an individual. This aligns with the notion of "it takes a village to raise a child". The interviews all reflected this theme and the importance of multiple relationships and the role they play in the child's wellbeing and resilience.

Carey speaks to the importance of maintaining contact with biological parents, recognizing that in spite of a parent's inability to care for their child, and whatever trauma as occurred there, the solution is not to break contact. "At the end of the day, regardless of what these parents, you know, are accused of doing or are doing, their kids still love them, right?" It is evident in the child's behavior that there is still an attachment and desire to maintain some kind of relationship with that early primary attachment figure. She continues to say of the foster child she had taken into her family unit, "I think that the piece of maintaining that connection with her biological parent, well at least her mother, is extremely important, extremely important." This theme of honoring that attachment to a child's biological parent and facilitating contact and some connection was echoed in the other interviews.

Meredith, in her clinical work with children sees the importance of maintaining parental contact as well, but also points out another facet as to why this contact is important:

Even though the parent isn't healthy, it's better for the kid to see that and know that and have some contact, I think, than to wonder and to not believe their workers and have this

idealized image of their parent in their mind, and that they are being prevented from seeing or, you know?

This touches on how these relationships begin to interact and impact each other. Much like a child is hurt by being torn between attachments through a sense of loyalty during divorce, the foster care system and foster parent are in a position to either begin a game of tug-a-war with the child's heart or to promote safety in maintaining that attachment and love of their biological parent. When we play tug-a-war with a child's heart, we tear it apart, and that, even if mended, leaves a scar. For this reason, it seems intuitive to help create a safe space for the child and his/her parent to maintain healthy contact whenever possible.

Relationship with the foster parent.

As the new primary caregiver, this relationship becomes a central focus and influence in the child's wellbeing. It is also this relationship and the quality of this relationship that can play a significant role in whether or not we see placement stability or another failed placement for the child to internalize as a reflection of a defective self. Again, Meredith's observations in her work with children in the child welfare system lends insight into the impact multiple placements has on the child's sense of self:

...every kid that I have seen who has been bounced from home to home gets that feeling that, 'I am defective and that's why I'm being moved,'... 'it's my fault that I am being moved. It's my fault I was sent away from my parents in the first place, or taken from them in the first place.' So, there's this horrible psychological core belief they develop of themselves as being unlovable and bad, right?

She continued to tell me a story of a client she had that had been bounced from home to home and then from group home to group home. Much like many other youths in the child welfare

system, this client had had some involvement with the young offender system because he had gotten to a point where he just didn't care anymore and his anger had become explosive (another common story and in the interviews and in the system). Finally, he ended up in a home where the foster parent took him in as family and told him, "I love you and you can call me mom and you are staying here and I'm sticking by you," and although they had hard times and hit some really rough patches, this foster mom never gave up on him and so, he flourished. He ended up being an A student in high school and eventually, Meredith did not hear from them anymore, she told me laughing, "you get to that point." This story is a great example again, of the importance of the unconditional aspect of care that these youth need. Carey also recognized the damage that is done to children when they are passed from home to home:

I think that when the kids are bouncing from home to home to home they don't have that stability, they don't have that person or that relationship necessarily...to build that sense of trust, that sense of family. So, then it only continues to you know, help them feel like they don't have anybody in this world. That makes them more susceptible to, you know, whether it's involvement in gangs or high-risk lifestyles because they feel that they have no one out there that's protecting them, that's keeping them safe, that cares about them...

From a foster parent's perspective, Carey also recognized the importance of her relationship with Destanie, her foster child. Carey made sure to give Destanie a place in the family and a role within the family. As a trusted member of the family, this included partaking in household responsibilities, like walking her younger foster brother to school on her way to the high school. Destanie's story is ongoing and unfortunately after being denied crucial services after a very traumatic event, Destanie's involvement with drugs and the young offender system meant that Carey, as a law enforcement worker, was no longer able to maintain the placement.

However, the strength of their relationship is evident in how Destanie continues to reach out to Carey and depend on her.

...Although Destanie no longer lives with us, I'm in constant communication with her and every time she gets into trouble, I'm the first person she calls. So, even though she knows that because of her current lifestyle I'm unable to have her living with me, because we've had such a good relationship and despite the challenges that we've both experienced together, we still...you know, she knows that I'm here as a support and advocate and an ally for her regardless of the trouble she's getting into.

The strength of their relationship and the unconditional love Carey has given Destanie, without any behavioral contingencies, has kept Destanie connected to at least one safe adult who she knows she can turn to in times of need.

Josephine's experience in the foster care system was largely that of being passed from home to home, experiencing abuse and maltreatment, but one home and one family stood out from the rest. Josephine recounted to me her first memory of meeting the family and the foster mother:

...and as soon as we sat down with the worker the lady just matter of factly went, 'and your grounded,' and I went, what the hell? I just walked in here and you're grounding me?' and she said, 'I'm going to ground you so you have to stay home and get to know us and get to know how, you know, how we live. And we want you to be part of our family.' And that was the best place I lived in.

Much like Meredith's story of the foster mother who stuck by that adolescent boy, and Carey's story of how Destanie became a family member, we see in Josephine's story the

importance of being welcomed into the family by the parent as a member of that family unit. Josephine told me that the same way they treated their daughters is how they treated her. She was treated as an equal. This echoes the values her grandparents instilled in her and how she witnessed them treating others. It connected her back to her roots, to her family values and in turn she felt truly part of that family and took pride in belonging to them, even if only for a short time.

Unlike in other situations, Josephine's placement with this foster family did not break down because she was running away or because they could not handle her. School and racism were at the root of this placement breakdown. Josephine at first glance does not look obviously indigenous and so at first school was okay, until her peers learned her last name. She was met with racist comments like, "I don't want no fucking squaw sitting beside me," as boy kicked her chair away repeatedly and call outs like, "what are you doing to do you fucking little squaw?" And the racism and rejection wasn't only coming from her peers. Josephine's instinct was to fight in these cases and when she lashed out and was sent home, her foster mother brought her back and stood up for her. Josephine elaborated, "So, we came back to the school with my foster mother and she told them, 'this is a very smart young lady and no she doesn't need to be putting up with that crap!' She stuck up for me!" Just like Carey has been for Destanie, Josephine's foster mother acted as an advocate and an ally to her while she lived with them and it has clearly left a lasting impression on her.

Relationship with the social worker.

Another undeniably important relationship that has great influence over a child's wellbeing is the relationship with the social worker. Unfortunately, the stories shared in the interviews were often of frustration with frequent changes in social workers, sometimes without

notice, or proper briefing. The heavy caseloads of social workers also often means that they are not checking in on the child and foster parent on a monthly basis, which is supposed to be standard practice. This leads to a number of issues, one being that of accountability for the child's safety in the home and where the money that the foster parent receives for the child is actually being spent, as Carey mentioned in her interview, "There's no safety net in place to ensure that, you know, once the youth are placed that they're being taken care of by the people that are entrusted with their care." Marie shared this concern and commented, "When you look at the news, a lot of them are put in care without even being monitored, and even exposed to unhealthy homes. And then when a trauma happens or a child loses their life, often we hear that they were not monitored and there were other issues that existed in that home." These issues breed mistrust with social workers and the system at large. Given the impact these workers, who represent that system, have in the child's life, it is a relationship that many identified in their interviews as needing more attention, specifically to help build trust and for access to supports.

The rotating door of social workers is also seen as contributing to instability and difficulties accessing supports or even being able to advocate for supports that would help foster parents and youth maintain the placement. Again Carey, as a foster parent could reflect first hand on how this has impacted her and change she believes is crucial to improve services in the child welfare system. She shared, "...something needs to be done to build those relationships so that people feel that they have trust with the system and that they can advocate and access some of those resources..." and later added, "...cause I think a lot of times the kids are feeling abandoned and just kind of sluffed off by the system, because they don't have that opportunity to access the worker, or to even know who their worker is..." While this is an issue across the system, it is an even greater challenge in our northern remote communities where social workers cover huge

areas and have to travel hundreds of kilometers to visit children and youth on their caseloads. Carey also points out that, “I don’t think that it’s necessarily that they don’t care. They’re just trying to work within the constraints and limitations that they’re working in. And I think that kids just get forgotten.”

The relationship with the social worker isn’t just important between the child and worker, but the families and worker, the foster families and worker. The social worker represents the relationship they will have with the child welfare system. The experience of being apprehended and put into foster care, or made the ward of the province is a trauma of its own. Relationships and safety in relationships can help mediate those effects, so it stands to reason that the relationship with the social worker is critical. This relationship is important in terms of other subthemes, in terms of access to supports, community and family. Given the central role of the social worker, it is easy to see why so many participants expressed concerns about access to social workers and desire to see changes that would help foster those relationships and trust in those relationships more.

Overview of Subthemes

The subthemes that help to foster resilience in youth in the child welfare system were: *Understanding, supports and values*. The subtheme of *values* further breaks down into *parenting/family values, cultural values* and the value of *hope*. It is difficult to speak of these subthemes independently as they can influence each other and there is often cross over between them and the main overarching theme of the role of relationships. We have already seen, for example, that the relationship with the social worker is also closely tied to the subtheme of needing supports, and that these supports can help facilitate family contact and values, which

was viewed as an important relationship to support for the wellbeing of the youth. The following section explores these subthemes and their relationship to each other further.

Understanding

The role of understanding was woven into the stories and experiences shared by participants. Often the need for understanding where it is lacking was expressed, but that also demonstrates where understanding is useful and healing. Meredith spoke to the power of understanding on the level of the child, in terms of understanding themselves and their behaviors better, and on the level of the foster parent, and their ability to contextualize the child's behavior and re-examine their own expectations. Marie also emphasized that one of the main ways we can better support these youths is to implement family programming for the foster family that would build an understanding of the child and influence the expectations put on that child. As was noted earlier, when the expectations placed on a child exceed their capacity, the counterwill emerges (Neufeld, 2014) and the caregiver is now faced with challenging behaviors that may contribute to placement breakdown.

Psychoeducation and meaning making are useful tools that Meredith uses to help free the child from the core belief that they are defective as it helps them understand *why* they react or behave the way they do. For the caregivers, it allows them to not take the child's behavior so personally, which increases their own resilience in their role. That and examining their expectations within the context of understanding also creates room for them to bond and provide care that is more unconditional, more likely to produce attachment, and thus foster resilience in the child. The understanding for the child and caregiver both facilitates the relationship and fosters a bidirectional resilience.

Jerome noted the importance of understanding on a community level and has shared his concerns that a lack of understanding continues to be a barrier, “You know it’s like the old saying, ‘you gotta walk in my moccasins to understand, to know what the hell I’m talking about,’ but they come up, spend an hour, blablabla and they’re gone.” This lack of understanding and dismissive attitude he sees as contributing to the issue of fulfilling on the basic requirements:

They’ve done their requirements and let’s move on. Next one! But they figure that as long as they keep band aiding, it’s gonna get better. No, it’s not. It’s more aboriginal people within the correctional system. More aboriginal people and then they wonder at the end of the day what happens we have all these problems in communities.

This quickly becomes tied to the need for supports.

Supports

A theme that arose in the interviews was the need for both better and more supports. Many comments on what could be done to better support the youth was to better support families. Participants shared the sentiment that the way services are currently being provided is just not working as Meredith stated, “...something needs to change. We can’t just keep doing the things what we’ve been doing...” Lack of access to supports has been explored in the discussion of the role of the relationships with social workers, but on a larger institutional level there are barriers that may prevent biological parents from accessing supports that participants hope to see remedied by having them built in. For example, Josephine identified that even admitting to having an addiction can be difficult for parents for many reasons, and so the expectation that they will go seek out treatment and other programming is unlikely. Meredith also expressed concerns that this is asking individuals with low capacity to do something, that if they could do it, they would have already. Both see the need for parenting supports and programming to be

built in to facilitate healing for the parent and child to help parents learn skills that will increase their parenting capacity, which ties to the subtheme of *family values* and the need for the whole family to heal together.

Family values that were lost as a result of the residential school system need to be re-instilled, and better supports are needed to help facilitate that. A number of participants identified the role that grandparents play in imparting these values, as she attributes her own resilience to her grandparents and the values and love they gave to her:

I really count my stars, my lucky stars for that one because they instilled that pride and that work ethic and all the good things in me... I really feel for people that didn't get to have that. So, for me, I think it's because of my grandparents, it wasn't because I'm so resilient. I think it's because they taught me that.

But like many other caregivers, kinship or foster parent, they were not equipped to deal with the anger and behaviors Josephine brought with her after leaving the residential school system.

Eventually, the foster care system itself was running out of resources and placement options for her. Josephine recalled running away from an abusive foster home situation and was picked up by her social worker who found her hitchhiking, and he told her, "Josephine, I'm running out of places to put you." Soon after that, at the age of 14 she found herself out of the system and on her own, working under the table for a predator.

As a foster parent, Carey's greatest frustration was not with Destanie, although caring for a teenage girl with a traumatic background does come with its challenges, but rather with the lack of access to supports for Destanie. Even being well versed in the system and knowing how to navigate it, something many foster parents are not, she still found that necessary supports were being denied. She recounted a significant and profound trauma that Destanie experienced, and

she advocated strongly for Destanie to receive counselling services. Destanie desperately needed mental health support and addictions support, but was still denied access to these much-needed supports. Destanie began to spiral out of control, and today still struggles with addictions and is now involved in the justice system. These are the types of supports that were identified by all participants as a necessary piece to fostering resilience and helping these youths heal.

Foster parents themselves also need more supports. Many are ill equipped to deal with the behavioral challenges and emotional and psychological issues these youths often bring with them. PRIDE training is standard training for foster parents (Nash & Flynn, 2016), and while Carey noted that there is a cultural component, it was not relevant to the Dene community she lives in. Research also indicates that “while the typical training received (e.g., PRIDE) may provide important information, supplemental training for dealing with behavioral difficulties is likely needed” (Bell, Romano & Flynn, 2015, p. 100). Carey did say that other opportunities were occasionally offered, but access to them became a barrier and in the cases of many foster parents, child care in the form of appropriate respite is yet another barrier to being able to attend these workshops. Meredith identified this as another support that should be built in because many foster parents do not have any one in their lives that they can call who would have the ability to care for these high needs youth. She suggested that training should include someone in their life that they can rely on, and having a list of respite providers with appropriate training for foster parents. This would also support them by giving them a break when needed to help prevent placement breakdown. Jerome points to another issue with the way supports are being utilized:

We’re a community of fires. House fires, I call us that. Because you’re like one firetruck and there’s 50 house fires and you gotta pick the fire, you gotta pick the house that you

wanna save because it has the best...or the least damage, right? And that's what we're doing. We're just going fire to fire. Once in a while we put one out, but there always another one (Jerome).

Many of the participants expressed this same sentiment of “putting out fires” or a “band aid fix.” In short, many felt that supports were both inadequate and only reactionary. Meredith discussed the issue of waiting until there is crisis to offer supports to families and foster families. Part of the issue with that is that now there is even more damage done within the relationship that needs healing. Had supports, training, psychoeducation and access to counselling been built in and utilized from the beginning, she believes that we would not see as much crisis and placement breakdown: “...the more we can partner, the more we can be preventative, and work intelligently instead of reactively, right? Proactively and intelligently instead of you know, in terms of the crisis.” She also noted that having systems work more closely together to support families would likely produce better outcomes, much like the idea of “it takes a village” again, and Jerome’s notion of resilience within a team framework. In fact, the notion of working as a team to wrap around youth and support families is one thing Meredith identified as helping prevent burnout for herself professionally. How much more would a foster parent need this to help them maintain a placement?

Values

In the process of reducing data into categories as potential themes and subthemes, *values* continued to come up and cut across other themes. As I continued to digest the data and examine the categories, it struck me that it *was* the subtheme and that the other categories I had identified were all connected and woven together by this golden thread. It is the value we place in things that gives them significance, the values we are taught and later the values we choose to embrace

that shape us. The last subtheme explores the role of values within the context of family/parenting, culture, purpose and finally hope.

Family and parenting values.

The importance of family has already been explored to some degree within the discussion of the importance of relationships. Josephine identified her own resilience as a product of the values she was given by her grandparents and the love they gave her. Carey and Meredith both spoke about facilitating contact as a form of harm reduction in some cases, like that of Destanie hitchhiking at night to the reservation to see her mom because a lack of resources meant often going long periods of time without contact. The importance of the role of relationships begins with the family and the primary attachment figures.

When we consider youth in the child welfare system, it is understood that some form of neglect or abuse existed in the home for the child to be apprehended, and so there is trauma in the attachment relationship. However, that does not mean that the relationship lacks value. That parent is still an important attachment figure and that relationship is still significant to the child, which is why we consider placement in the child welfare system an additional trauma. The relationship is also still significant to the parent, and as Carey points out, it is not a lack of love that brought the child into the system, but a lack of capacity:

I've never ever, ever met a parent up here who has lost their child to the system that doesn't deep down love their child. They just don't have the capacity to be able to look after the children because of loss and trauma and their poor coping skills, and using drugs and alcohol as coping. We keep putting all this money into putting parents into detox and rehab programs but if we're not looking at why, what traumas occurred in their lives and healing, trying to heal some of that

trauma, they're going to keep coping with drugs and alcohol. Taking the access of whiskey away from them isn't gonna keep them from hurting. Why, why are they hurting?

It immediately struck me that the same could be said of the youth in the system. Until we address the trauma and the hurt, we cannot expect the cycle to break. When we look at the roots of this issue, in any home where a child has been taken, there is a lack of parenting capacity and trauma within the attachment relationship. When we consider the overrepresentation of indigenous youth, the residential school system and the breakdown of family connections and values on a large scale, decades of trauma and the disintegration of parenting values are deep at the core of the issue, and like Carey said, not healed in a detox program.

Our early childhood experiences are formative and shape our sense of self and how we interact with the world around us. Marie uses the cultural Circle of Life teachings to demonstrate how in that infancy and childhood stage we become programmed. So, if we are nurtured, protected, loved and cared for, this shapes the adult and parent we can become. When there is unresolved trauma, the trauma and dysfunction is what is passed down generation to generation. So, as the participants identified, the whole family needs healing, not just the child.

In Jerome's community, the family program at first did not attract participants and they struggled to keep families engaged. After modifying it to be more culturally appropriate and relevant, as well as more hands on, not only have they seen families graduate successfully, but now have a waiting list of families who want to participate. That along with other programs through the community center that support families and youth, like those that Marie runs, their community has seen a dramatic drop in suicide rates among teens and gang involvement. When a child has a sense of belonging, there is no need to find a place, like a gang to find that belonging.

When we work to help the family heal, we are working towards the healing of the child as well. Josephine adeptly pointed out that you cannot make anyone do healing work, it has to be their choice. Not every parent will necessarily develop the parenting capacity or values to be able to bring their children home and care for them adequately. However, as Meredith points out, “Even if they don’t end up going back to their parents’ home, they can still do some family healing together.” By facilitating family healing, we can teach the child family values so that those values are passed on to future generations in some form.

Parenting and family values are equally as important for foster families to embrace and share. Josephine, Carey and Meredith all shared stories where the foster parent’s determination to give the youth a sense of belonging in the family. Foster parents become the primary caregivers of these children, putting them in a position to play a crucial role in the child’s resilience. Parenting these children comes with challenges that many are not equipped to deal with, be it due to lack of training, understanding, supports, parenting capacity or a combination of some or all of the above. Healing for the child can happen within these family systems as well, but as research and participants in this study have identified, the current training should be supplemented to better support this process (Bell, Romano & Flynn, 2015). Parenting classes that explain parenting styles, such as the efficacy of authoritative parenting vs. permissive or authoritarian (Rankin Williams et al., 2009) and attachment parenting (Neufeld, 2014) would greatly benefit biological parents and foster parents alike to promote healthy relationships that can foster resilience in children and youth.

Cultural values.

Josephine shared, “My culture tells me to forgive too. I have a really beautiful culture. If we followed it to a “T” as indigenous people, man we would be rich! And I don’t mean money!”

Josephine's story demonstrates the way her culture was passed down in a meaningful way through her grandparents. Her grandparents lived a traditional lifestyle and parented her with rich values prior to her removal into the residential school system and foster care system. The value of forgiveness that they imparted and that Josephine identifies as part of her culture became part of her story of resilience. She was taught that without forgiveness it isn't the other person that carries the weight or that burden, it becomes hers to carry. Forgiveness has not always meant that there is no anger. Josephine still feels anger in her deep sense of injustice, but as she has taught her daughters, "... use it for good things! [...] Go ahead and start making a change in whatever it is that's making you angry."

Marie uses two main cultural teachings in her work with youth and in her community programs: Tipi teachings (Lee, 2012) and Circle of Life. The tipi teachings are all about fundamental values (i.e., obedience, respect, humility, love, kinship, faith, sharing, thankfulness, good child rearing, hope etc.), while the Circle of Life teaches about each stage of life and the importance of moving through each stage and values that are espoused within them. For example, in the adulthood state the value is commitment; commitment to your role, whether it be at work or at home as a parent, and to carry yourself with respect and integrity, to show responsibility in that role. Marie noted that many of these values, especially the parenting values and ability to parent have been lost since the residential school system. Even looking at these cultural teaching at a glance we see that bringing back values like childrearing, love, sharing, thankfulness and integrity in your role as a parent is an important part of her work in trying to restore those values in her community. It was suggested by Carey and Meredith that social services may benefit from adopting more cultural components into their own work. These

cultural teachings are examples of cultural values that would benefit families and foster families in the child welfare system.

Josephine's grandparents lived many of these values. She told me stories of how no matter who walked through their door, everyone was treated the same. This value of equality was echoed by Meredith in the healing power of Talking Circles that she has witnessed. Everyone in the circle is given the chance to speak without interruption and without response. It is a sense that everyone is heard, respected and equal in the circle. She also points out that this is not limited to indigenous, but has value and a grounding quality in the ceremony of it that can benefit everyone. Josephine's grandparents also taught her the traditional value of sharing. No matter how little food there was on the table, that food was shared with anyone who came to the door hungry. Her grandmother taught her to work with what you have and to her that was part of their resilience. The value of love that her grandparents taught her came across so strongly during her sharing with me. It really was striking, especially given how much abuse, racism, rejection and adversity Josephine had faced in her lifetime. But love was clearly a family value and cultural value that was deeply engrained and central in her story of resilience. "Oh, I knew love! And that's why I wonder about the kids that didn't know love. You know, how could they survive if they never had love?"

Closely linked to cultural values, was the theme of the value of retaining indigenous language. Chuck reflected on some of the institutional barriers he sees in the school system that keep teachers from being able to connect with families and work together for the benefit of the students. For one, the building itself can be triggering for those who attended residential schools, and represents for them painful memories. For others, it is memories of institutional racism and

not being able to find success themselves in high school. He believes this is still an issue that needs to be addressed:

... teachers wanna say, “oh, we create inclusive and safe spaces for classrooms.” Well, we don’t. And the amount of institutionalize racism that’s here is like... we’re naïve to say that these are safe spaces for indigenous kids, cause they’re not. Our indigenous kids fail at a way larger rate than our non-indigenous kids.

He reflected on how high school is really trimming off the fat to see who is good enough for university and how marginalized youth are at a disadvantage as if reflected in graduation rates. Chuck has also noticed that it makes a significant difference in his work with students when he has a relationship with their caregivers and when the student knows this. However, there is a barrier in getting families through the door. He believes that having more visibly indigenous staff and language speakers would make a significant difference in being able to connect with families. What a difference it could make, he thought, for a mushum or kokum to come to the school and be greeted by a teacher speaking Cree.

In Carey’s community, the Dene language has been preserved and is spoken fluently by a significant portion of their population. She shared:

Pre-k and kindergarten in the elementary school are full Dene. My son learned Dene living here because everyone spoke Dene and it’s promoted. All of our teacher’s assistants are all Dene and it’s encouraged by the administration that they communicate with the youth in Dene only, to help promote and sustain that language. So, I think that having that helps them. It’s huge, it’s huge!

Also, in both the elementary and high school there is one indigenous and one non-indigenous administrator, both of whom are fluent in Dene. The educational system in her

community has seen the value in connecting their youth to their traditional culture and through things like language retention and outdoor education, are finding ways to engage their youth in their culture.

Carey also can speak from a crime prevention and crime reduction perspective. Every workshop she goes to talks about when working with indigenous youth, the value of promoting a sense of connection to language, culture and traditions to help promote resiliency and life preservation. Meredith believes that traditional teachings and ways of approaching healing also promotes a sense of pride in their roots and in their own identities. It connects indigenous people to what was lost and helps them recognize the wisdom and power in those cultural practices and philosophies. She sees the value in indigenous people taking those things back for themselves as a way to make it their own again and as a form of empowerment. Meredith also points out:

...I think most of the families who end up having social services involvement, apprehensions, are so far distant from their culture that you know, they might have some elements of the traditional parenting that have trickled down through their generations, but not much, right? It's been so warped and twisted by the systemic racism and colonialism and you know, residential school and everything, right?

Given the history of trauma and damage done to indigenous identities, cultural values seem particularly relevant in addressing the overrepresentation of indigenous families involved in the child welfare system.

The value of hope.

“...I always kept thinking, there's a better world out there. There's a better world”

(Josephine).

Resilience is often defined in terms of facing adversity, adapting and even a path to recovery (Liu, Reed & Girard, 2017). Listening to the participants share their experiences and perspectives, I continued to hear the theme of hope. Without the value of hope, there is not resilience. In fact, it is a lack of hope that many identified as part of the problem. When hope is lost, so is a sense of purpose and inner drive toward a different life, a better life. Jerome's work with struggling youth and families in his community has given him insight into this issue:

... the thing is that these young people, they lose hope, they lose focus and the next thing you know they're on crack. And crack is killing a lot of our northern communities. It's scary. Like it is really scary. So, all these things put together, and the one mitigating factor, the underlying factor is that they have no hope, they have no future.

Jerome continued to talk about how he believes a lack of proper parenting underlies these issues with youth and with strong parenting this cycle can be broken and how the community center tries to address this issue with the programs that they provide. He shared, "So, these programs that we have, I think the mental health piece, I think trying to understand why people are going down this road, why they've lost hope in their future, you know, and trying to explain to them that the damage that you're doing to yourself today will affect your children and their children.

Both Jerome and Josephine decided that as parents, they would do the opposite of what they learned in the residential school system. They were motivated to create a better life for themselves and for their children, because they had hope that a better and brighter future was possible. Both have also chosen not to drink in front of their children and are mindful of the messages they pass to them. Jerome believes firmly in the importance of taking time to listen to

children and youth, telling them that they are loved and that they have a future. He believes that by impregnating this in their heads we give them greater hope for success. Josephine makes sure to always encourage her girls and exemplifies unconditional love and accessibility that helps foster secure attachment and safety. She noted, “I’ve been there for them in their darkest times, you know. I don’t run away from them, and if I can help them in any way, they can call me any time.” Again, we see that the overarching theme and subthemes are woven together. Those relationships, and parenting values are integral in fostering hope and resilience in their own children.

Closely connected to a sense of hope, many participants identified a need for a sense of purpose that provides hope for a better future. Carey pointed out that while suicide rates are way down for teens, young adult men in their community are the highest rates of suicide in part because of the difficult in gaining meaningful employment. Without a reason to get up every day, without that sense of purpose, many in her community get lost in addictions and lose hope. The need for purpose and the value of work was identified by Carey, Jerome, Marie, Josephine and Chuck. For Chuck, the issue begins in high school. He sees that there are institutional barriers for marginalized youth that do not help them address the gaps in their education, or help them to develop values such as respect and generosity. Chuck took an anti-racism course over the summer, which he described as “transformative” in how he saw his work with students in the school. Since then, he has devoted time and effort into modifying how he engages the students in the learning objectives as well as how he assesses, while still maintaining the curriculum. Having spoken to students who have left high school and tried to enter the workforce, their difficulties with basic life skills needed to attain a job shed light on the way he feels schools fail to prepare student for the work force. He shared:

...[A]t school kids are told what to do all the time to the point where they become useless. They're in a system where you're told, 'Okay, Bell went, sit down. Move this way. Open your book here. Do this here.' You're constantly told what to do. So, basically, we've nullified young people and made them into these little robotic creatures that can't really do anything.

By adopting experiential learning into his teaching methods, Chuck has found that he is better able to engage students, at varying levels of abilities, and help them to develop skills that they will need to maintain a work placement when they leave high school.

In Carey's community, the high school has recently started an outdoor education program run by two teachers targeted at helping students who have struggled to achieve their grade 10, get their grade 10 credits in a hands-on, culturally relevant way. This program has been piloted in other regions with success and is now a hope for these youth to achieve at least their grade 10 so they can find employment. Other programs, like Career Quest, provide opportunity and supports for young adults to receive training and transportation to work in places like Fort McMurry, to help address the issue of unemployment and access to housing.

Jerome reflected on the hope he has for the community as a whole. As a strong advocate of economic development, he believes that employment is the biggest influence on addressing addictive lifestyles. He does not want to see more welfare money in his community, but rather the opportunity for economic growth and sovereignty. He shared:

I don't want a handout! I said, 'give me a hand up!' Give me, give me some dollars I can make and then have in our communities. Where people can have jobs and prosperity and become their own business men or lady or woman, or have their own opportunity for employment. Let our own people hire our own people.

Let our own people learn how to develop themselves. Let us do that, let us be the change. We're not waiting for the change. The change is us...that's what we want. I don't, I don't want more welfare money to come into the community. I want people to work.

So, what they try to do in their community through the community center is help people create a positive lifestyle by connecting them to things like safety training to get them off to work. Though they do not have the resources to do the trauma work and healing, they work with what they have to help create more hope and resilience in the community. It is through these simple things that they try to help people move forward in a positive way and to bring hope into their futures. From the level of the parent-child relationship, to school experiences and community wellbeing, a sense of purpose and the value of hope are deeply connected to the idea of resilience. To me, having heard these stories and perspectives, hope has become part of my own definition of resilience.

CHAPTER 5: DISCUSSION

The purpose of this narrative research study was to explore ways to better foster resilience in youth in the child welfare system in Saskatchewan and to evaluate whether or not attachment relationships play a central role in fostering resilience. The literature in this area has typically focused on risk factors, and is now beginning to look at protective factors; however existing research does not address issues that are particularly relevant to the child welfare system in Saskatchewan. More specifically, this study aimed to also consider the first call to action of the TRC and examined the overrepresentation of indigenous youth in care.

Summary of Findings

In the research literature, the term *attachment* is often used to describe the relationship typically between an adult caregiver and a child. In this study, participants more often used the term *relationship* to describe both primary caregiver attachments and other lesser attachments and broader forms of relationships. For this reason, both *attachment* and *relationship* are used interchangeably within the discussion of findings. *Attachment* will often be used in the context of research and theory, while *relationship* will more often be used in the context of the research findings and data. The current study's findings support theory and other research that a secure attachment or relationship with a caregiver can not only mediate effects of trauma, but also foster resilience (Clausen et al., 2016; Liu, Reed & Girard, 2017; Neufeld, 2014). This study specifically examined the role attachment plays in fostering resilience in youth in the child welfare system, and found the role of relationships to be a central theme in participants' stories of resilience.

The role of relationships

The overarching theme and main finding was that relationships play a central role in fostering resilience in youth in care. Other findings examining resilience in children in the child welfare system indicate positive parenting as a predictor of resiliency trajectories in this demographic (Bell, Romano & Flynn, 2015). The current study also found that under the umbrella of relationships, the parenting or caregiver relationship and quality of that relationship plays a significant role in placement stability, the child's ability to trust, sense of self and inner working model of the world, as well as their hope for a better future.

Meredith also pointed to the importance of the parenting practices of foster parents in terms of their ability to handle the challenging behaviors of children in their care and the bidirectional relationship of resilience between the foster parent and the child. Parenting theory and now research in the field indicates that parenting style is related to internalizing and externalizing problems from early childhood into adolescence. Authoritative parenting, which is high in warmth and firm control, is negatively correlated to internalizing and externalizing problems. Permissive parenting, high in warmth and low in both firm and restrictive control, and authoritarian parenting, low warmth and high in restrictiveness and firm control, are correlated to internalizing and externalizing problems, including internalized distress, conduct disorder and delinquent behavior (Rankin Williams et al., 2009). "Whereas authoritative parenting may reduce the risks associated with various child characteristics and problem behaviors, negative parenting may heighten the risks for children who are temperamentally extreme" (Rankin Williams et al., 2009, p. 1072). This is particularly relevant for children in the child welfare system who often exhibit extreme behaviors and low capacity for self-regulation. Findings of previous research and this current study indicate that typical training (i.e., PRIDE) (Nash & Flynn, 2016) for foster parents is inadequate in preparing caregivers for dealing with the

challenging behaviors of the child or adolescent (Bell, Romano, & Flynn, 2015). The importance of attachment and positive parenting (Bell Romano, & Flynn, 2015; Bowlby, 1969; Neufeld, 2014) is a theme not only in the literature but also in the current study as being central to fostering resilience in this demographic and built in supports for both biological parents and foster parents was seen as needed by many of the participants.

Relationships were also found to be important beyond the immediate family system. Extending into school, social services, work and community. Monson, Fredman and Dekel (2010) also found in their research on advancing resilience, that a model much like Figure 2 in this study and Bronfenbrenner's ecological system's theory, encapsulates the many systems that impact a child's resilience. They found that individual factors (intra-individual) are at the core and have a bidirectional relationships with interpersonal factors and external factors (socio-ecological) (2010). What is unique to their multi-system model of resilience, is that it does not require trauma to be part of the precursor to resilience, as they point out that "...coping is not synonymous with resilience... in some instances, coping can result in the perpetuation of maladaptive or negative outcomes" (p. 114). From this perspective, although resilience is often looked at after trauma or adversity, like in Josephine's story, resilience was fostered earlier in her relationships with her grandparents, and drawn upon in the face of adversity. This also fits with attachment theory and approaches that encourage fostering secure attachment to help a child become adaptive and resilient as a healthy and natural developmental trajectory (Neufeld, 2014).

Understanding

A subtheme of the need for understanding crossed all interviews and stories. Understanding the child's behavior in the context of family history, and the family's issues within the context of the history of residential schools and transgenerational trauma was seen as

crucial in helping caregivers, teachers, and larger influencing systems (e.g., social services, federal funding) better address the needs of children and families in the child welfare system. This understanding is often discussed in literature regarding the power of the therapeutic relationship and helping individual understand the self and needs to promote healthy development (Clausen et al., 2012). Likewise, Meredith has found in her work supporting youth that understanding is key in helping the child work through a sense of self as defective, to a meaning making that frees them from that negative internalized message and moves them toward developing healthier patterns. This understanding, or psychoeducation is also useful in her work with the caregivers in helping them re-evaluate their expectations, that may be beyond the child's capacity and eliciting more defiance and challenging behaviors (Neufeld, 2014), as well as increasing their patience by decreasing the occurrence of taking the behaviors personally. This understanding of the child's behavior within the context of the trauma and their needs increases attunement and responsivity, which she has found to in turn increase placement stability and resilience in both foster parent and child.

Supports

The need for more access to supports, and specifically built in supports was also a subtheme across interviews. Many participants expressed their frustration in accessing supports for youth in the system, and felt that families and foster families are not offered adequate supports to make real change, which is reflected in the increasing number of children entering care. Research has indicated that children in care, because of their traumatic histories and the trauma of entering care, present with more complex behavioral and emotional issues and require more intensive services than their peers (Blumberg, Landsverk, Ellis-MacLeod, & Ganger et al., 1996; Kupsinel & Dubsky, 1999). However, in spite of this knowledge of their higher needs and

need for better integrated supports, findings also indicate that these children are often not being connected to these much-needed services (Orme & Buehler, 2001).

Carey's story of Destanie's decline after being denied psychological support is a perfect, and yet not unique, example of services that these children and youth need but are not able to access. Carey's story as a foster parent involves many accounts of the system failing to provide supports to improve Destanie's outcomes and improve her ability to support Destanie. Meredith shared similar concerns from her perspective as a mental health care provider, and that there is a need for these services and supports to be built in as there are currently significant barriers to access additional supports that are available. Josephine reflected on her own challenging behaviors as a youth and how often someone "couldn't handle" her and how this contributed to her being on her own by the age of 14. Jerome worries that supports that are making a difference in his community, like family programming that only has two more years before funding is pulled and it cannot be renewed in their community in spite of positive outcomes, will be lost. The need to re-evaluate where funding for programming is being spent and the need to implement supports more effectively was seen across the board as a crucial component to supporting families and foster families in helping youth heal and become resilient.

Values

The subtheme of values encapsulated *family parenting values*, *cultural values*, and the *value of hope*, which itself was found to be related to a *sense of purpose* and the *value of work*. All of the participants referred to the damage done and trauma caused by the residential school system. Almost all participants identified specifically the impact this has had on parenting capacity and values, family values, and the loss of cultural values that support strong child rearing practices. This was closely linked to the loss of hope and purpose observed in youth and

young adults. Work and job opportunity were viewed as critical in mediating addictions and creating a sense of hope on an individual level, within the family, and on a greater community level. Research supports what Carey has observed in her own community. It is young adult males who have the highest rates of suicide attempts and completions because of the impact this has on their identity and self-esteem (Kirmayer, Brass & Tait, 2000).

The loss of cultural values and roles is particularly relevant in the discussion of how to address the overrepresentation of indigenous youth in care, and considering the historical context that has led to the disintegration of these values. Traditional healing practices, like that of the Medicine Wheel which approaches well-being and healing from a holistic perspective (Partridge, 2010), and the values of the Tipi teachings would help not only to restore values that were lost, but help to heal the identity of many indigenous youth, and like Meredith pointed out, empower indigenous people to take back their identity while also providing healing. The preservation of language and traditional teachings are viewed by participants and in research alike to be part of healing for indigenous people and part of bringing back those cultural values (Partridge, 2010). The value of storytelling, and the power of narrative as a form of healing by validating an individual's human experience and perception (Ryback & Decker-Fitts, 2009), though not identified in this current study, has been discussed in the literature and was a purposeful part of the design of the current study. Without cultural sensitivity and competency, we perpetuate the cultural loss of values and healing they can provide in addressing the needs and well-being of people who have suffered generations of trauma (Ryback & Decker-Fitts, 2009).

Strengths and Limitations

Qualitative research has often been criticized in comparison to quantitative research with its more clearly outlined and rigid methodologies. However, the strengths and contributions of

qualitative methodologies is being recognized more and gaining credibility in scientific communities (Mohajan, 2018). This section discusses some of the strengths and limitations of qualitative research and this study in particular. A disadvantage of qualitative research is that it can be difficult to demonstrate scientific rigor in the data collection. The process of data collection is often a very time-consuming, which I discovered over the year and a half it took for me to recruit participants and finish collecting data, and completion of the research and data collection often ends up depending on one last individual (Mohajan, 2018). The process of analysis is also labor intensive and time consuming as there is a large body of data to reduce, categorize and code/recode (Mohajan, 2018). It was difficult when beginning this process to just reduce the data in a timely fashion. It was helpful to have a second set of eyes looking at my work and feedback to help me see where the data was consuming me rather than me consuming the data in an efficient manner.

Another potential criticism of this study would be a lack of generalizability. Generalizability in research means that the results from the gathered data can be generalized from the sample population to the greater population. This is possible when the sample group is large enough and diverse enough to apply to a larger demographic. For instance, if the study were to look at parenting skills in early 20s versus early 30s, one would expect a large sample size of both mothers and fathers within both of those age groups. It is valuable to have data that can be generalized, as it is then more readily applied in practice and provides more information.

While the data from this study is both relevant and valuable, it does lack generalizability. The sample size is small, and participants range in both demographics and in experiences with the Child Welfare System. Though some may criticize this as a limitation, within the context of the goal of the study, this becomes a strength in that there was a range of perspectives to

compare and contrast and in-depth interviews resulted in an abundance of rich data. It is also considered an advantage of qualitative methods that data collection requires only a limited number of participants and does not require many resources. Qualitative research also allows for better access to marginalized groups as opposed to surveys, and allows the researcher to get an insider's point of view (Mohajan, 2018), which was my goal, especially with the interview with the experiencer.

It is also important to note that indigenous populations are not homogenous. Therefore, even had all participants been of indigenous descent, the results still would not be generalizable to all indigenous groups. Historically, the view of different indigenous groups as homogenous has often happened, and is part of the wounding that continues to affect indigenous people. It is important to respect each culture as both separate and unique. This study did not aim to speak on behalf of indigenous people, or to provide generalizable data. The aim of this study was to platform relevant voices and to draw attention to Saskatchewan's Child Welfare System, to the experiences within it, to the overrepresentation of indigenous youth and to the lack of research on the resilience of youth in care, regardless of ethnicity. Because of the overrepresentation of indigenous youth, I felt it was important to include indigenous voices and perspectives, but not with the intention of presenting data as generalizable to all indigenous groups.

Fundamentally the goal of qualitative research is to gain a deeper understanding of human experiences, attitudes, emotions and systems (Mohajan, 2018), which was my goal in choosing a qualitative approach to the research question. While it can be preferable to have both quantitative and qualitative data so that findings are both generalizable from the quantitative component, and informed due to the depth of the qualitative component, for the purposes of a Master's thesis, a mixed-methods study on this topic would have been overly ambitious and

difficult to complete within the allotted time. Therefore, for the purposes of this degree requirement and when examining the nature of the research question, it was determined that the study would be best limited to and focused on in depth narratives of fewer participants which is one of the study's strengths.

Using open-ended questions in the interviews allowed for participants to share their experiences in rich detail and greater depth. It created an open dialogue and guarded against my own biases limiting the responses and data being collected. This was particularly important to me as a researcher aware of my own strong theoretical background and bias, so that I could hear the stories and messages of my participants and learn from their experiences and allow data collection to be open to an inductive process in my analysis. It was also important to me to leave space for storytelling and the sharing of knowledge through narratives, which was so devalued as part of the colonization of indigenous people and their land.

Thematic analysis was used as it is a more accessible form of analysis for a novice qualitative researcher. It also allows for flexibility that guards against rigid and biased interpretations and opens up the possibility of new and unanticipated insights (Braun & Clarke, 2006), which also kept me inspired and driven even when setbacks and delays were beginning to wear on me. Another strength of thematic analysis is the manner in which participants become collaborators (Braun & Clarke, 2006). This was particularly important to me as a Caucasian researcher addressing issues of overrepresentation of indigenous youth, our colonial history and impact and potential cultural implications of the findings. I did not want to feel like a researcher studying people from the outside. It was important that as I went through this process with my participants; my role was to reside alongside the participants, learning from their experiences and respecting their stories. Thematic analysis also allowed me to summarize key aspects of a large

body of data with rich description, rather than with numbers and statistics (Braun & Clarke, 2006). Finally, thematic analysis is particularly useful and well suited to research that seeks to inform policy (Braun & Clarke, 2006). While I do not have any lofty expectations that this research will influence policy in our child welfare system, I did hope to gain insight through my research that could have meaningful applications in policy while also highlighting the need for future research on this topic.

Future Directions

As was mentioned above, a mixed-methods approach can be quite advantageous. Having a quantitative component would allow for replicability and generalizability. These two features make it more likely that findings will be applied to policy (Mohajan, 2018). The qualitative portion would maintain the depth and rich description of the lived experiences of individuals that helps us better interpret quantitative results and apply those findings more effectively. Future research in this area would benefit from a mixed method approach so that replicable data can be provided without losing the voices, experiences and insights of individuals that statistics are unable to encapsulate. For example, the quantitative portion could analyze predictive factors of resilience using hierarchical multiple regression. The qualitative portion would give depth and meaning to these findings. The qualitative findings, like the findings of this study, could also be used to inform which variables could be examined in the quantitative portion.

Other themes for future direction in terms of implementation of interventions and supports arose from the findings. One issues that continued to come up was that of accountability. While the TRC and calls to action are both incredibly important and relevant, there is a sense that a lack of accountability may play a role in hindering true and necessary changes within the child welfare system. From a lack of accountability to the children, families

and foster parents with social workers being over worked and struggling to maintain huge caseloads to a lack of accountability in larger systems to implement changes, there seems to be a gap between the goal of addressing the overrepresentation of indigenous youth in the child welfare system and the implementation of supports and programs that could address it. As Carey pointed out during her interview, "...who holds the institutions accountable for implementing these calls to action, right?"

One such change is that has been suggested by two participants is to incorporate a harm reduction approach in the case management of youth. This is particularly relevant when it comes to family contact, which was identified repeatedly in the interviews as an important factor in helping to foster resilience in children and youth within the system. Carey gave an example of how constraints on family contact were leading to risky behavior and how a harm reduction approach influenced her personal choice of how to handle it:

At the end of day regardless of what these parents, you know, are accused of doing or are doing, their kids still love them. Right? They want to see their mom. So, now my hands are tied cause I'm supposed to do what? Knowingly let her hitchhike to the reserve? I'm not physically allowed to transport her to see her mother? So, I just said screw it, and I started driving her there because it was safer for her to have me drive her to the rez, rather than her hitchhike late at night to do it.

Future research may also benefit from studying if contact with their children in turn helps to foster resilience in parents. It would be significant in case management and planning if contact can be facilitated in a manner that is sensitive to the need for safety and appropriate

contact (e.g., sober during the visit), while promoting healing and trust in the relationships between youth, their parents, foster families and social workers.

Finally, a theme that seemed of particular relevance to helping create real change in the numbers of children and youth entering the child welfare system was the gap in parenting capacity as a result of the transgenerational trauma that began with the breaking up of indigenous families, and the breakdown of parenting values. Jerome addressed this generational breakdown and the need to bring back culture and parenting values that have been lost: “Breaking that generation to generation disintegration of values and you know, bringing the culture back, bringing the values of being a good parent and telling people that it’s never too late.” Other participants, like Jerome, also identified the breakdown of family values since the residential school system, and the need to help families heal and to bring back those cultural values of parenting and commitment in that role.

With reunification as a major goal in the system, it would be of great value to implement mandatory parenting programming based in parenting theory and child development. A program could be developed and evaluated within a longitudinal study at multiple points in time over a 5-year period. This program could include ongoing supports, psychoeducation, workshops and training for families working toward lasting and permanent reunification. By investing in helping families heal, instilling lost parenting values, increasing parenting capacity and providing supports for parenting, the long-term benefits may result in a far less taxed child welfare system over the long term. It would also be interesting to study the benefits of early interventions in parenting before children are removed from the home, as a preventative and proactive measure, although the implications for how families would be identified and recruited is beyond the scope of this discussion.

Implications

The implications of the findings of this study go beyond the child and extend into the systems that surround and impact the child, the child's family, our child welfare system, educational system and issues of systemic racism both historically and in the present day. To understand the challenges of the child, you have to understand the context that they are coming from. This means examining the parents and their history, the history of our child welfare system, the history of our country and how at each level and between levels there are interactions, influences and barriers that continue to perpetuate the challenges of fostering resilience in the children and youth entering into care, and addressing the issue of an overrepresentation of indigenous youth in our system in Saskatchewan.

Implications for services

I was struck at how readily participants were able to identify the same barriers and provide similar feedback for how things could be changed, issues that needed to be addressed and supports they believed could help foster and increase resilience not only in the youth, but also in families and foster parents, that would in turn benefit the youth. One major issue seems to be implementation. It is clear that what we have been doing has not been working, and we can see that in the rising numbers of children in care, but how to implement these changes that are believed to be vital for this change is a vital question that needs to be addressed. Realistically, we cannot overhaul our child welfare system overnight, and the reality is that there are many youths in unsafe home environments who need protection and safety. The goal needs to be long-term, and a shift in attitude towards funding will need to reflect that understanding. Phases of implementation would likely need to be developed and money reallocated to more proactive measures rather than in a continuous reactive cycle of "putting out fires". That is not to say that

crisis situations should not be addressed. It may mean more funding is necessary, or programs that are not proving to have long term benefits are cut to allow money to put into new programming. The implications of the study's findings indicate that changes are needed and implementing improved and responsive resources and programming for parents, foster parents and the children are key in encouraging the healing necessary to address the issue of how to better foster resilience in this demographic.

Implications for future research

Future research, as stated above, could seek to use a mixed-methods approach so that the complimentary benefits of both quantitative and qualitative research can be utilized in furthering the goal of using research to inform policy in this area. Research findings could be used to inform the implementation of interventions and support. The efficacy of these interventions and supports can then be studied to either validate them, or point to areas for further improvement. It is important for research to continue in this area so that policy can be influenced and so that smaller goals may be achieved toward to overall long-term and larger goal of reducing the numbers of children and youth entering the child welfare system.

Implications for practice

The findings of this study echo previous findings about the significant role the quality of relationship plays in facilitating healing (Hart, 2011). When working with this demographic who has suffered trauma in the attachment relationship and who struggle with forming trusting and secure relationships, it is all the more important to prioritize the quality of the relationship and the strength of rapport. It is vitally important to meet their basics needs to feel seen and heard, and their need to be able to socially relate to another (Hart, 2011). "It is the mutual attunement between the client and therapist that constitutes the treatment, not intellectual or emotional

insight or emotional release” (Hart, 2011, p. 286). That is not to say that emotional insight and release are not important, but it does emphasize that the quality of the therapeutic relationship is central in our work with any client, but in particular with this demographic.

The findings also point to the need to work with the families and foster families. The resilience of the caregivers is linked to the resilience of the child. As Meredith indicated in her own work with these children, youth and their foster parents, psychoeducation and better supports can help the foster parents to become more resilient in the face of the behavioral and emotional challenges these children and youth often come with. This creates space for the foster parent to become more attuned and responsive, leading to more security and trust within the relationship. This can increase the child’s sense of safety in the relationship and foster that attachment that in turn fosters resilience in the child and increases the likelihood of placement stability and better long-term outcomes. Thus, our relationship as practitioners with the foster parents also warrants care and attention as they play a central role in the well-being of the child and their resilience is tied to the resilience of the child.

Conclusion

While there is much research on children in the child welfare system, many studies focus on risk factors and negative outcomes, include a heterogeneous group (e.g., adoptees, foster care) and do not reflect the issue that Saskatchewan is now facing and being called to address by the TRC, namely the overrepresentation of indigenous youth in care. This study sought to explore the role of attachment, or relationships in fostering resilience in this demographic. The current study contributes to the literature by providing an in-depth examination of this question from multiple relevant perspectives.

The major finding contributes to the literature in supporting theory and other findings that indicated that secure attachment and strong adult relationships can mediate the effects of trauma and adversity that youth in the child welfare system face. Resilience has more recently become a focus in research and literature, however, the definition of resilience varies from study to study and the issue of operationalization of resilience in quantitative research continues to challenge researchers. In this qualitative examination of resilience, not only was the role of relationships found to be central in fostering resilience in youth, but the stories of the participants shed new light on aspects of resilience that have yet to be explored, such as the role of values, like hope that seem to be implicit and latent in our understanding and appreciation of what it means to be resilient.

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Appendix A

Participant Consent Form

Participant Consent Form

You are invited to participate in a research study entitled: Saskatchewan youth in care: A narrative approach exploring the role of attachment in fostering resilience

Researcher: Catherine Darbellay, BA (Hons)
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Supervisor: Tim Claypool Ph.D., R.D. Psych.
Department Head, Associate Professor
Department of Educational Psychology & Special Education
College of Education
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Purpose(s) and Objective(s) of the Research:

This narrative study seeks to explore the role of attachment in fostering and promoting resilience in Saskatchewan children and youth in care by examining the lived experience of a person who has been in out-of-home care and shown resilience, the lived experience of a foster parent, and from the perspectives of a social worker who worked in the system, a psychologist who has treated many of these children and youth, and an elder who can shed light on traditional healing techniques. The overarching question of this study is: what role does attachment play in fostering resilience in individuals who have experienced out-of-home care? Sub-questions explore the central question in more detail and from multiple perspectives to draw out themes of resilience. The overrepresentation of Aboriginal youth in care and the underrepresentation of Aboriginal voices in the research led to the design of this study, using storytelling to explore ways to foster resilience in children and youth in the child welfare system. This study seeks to provide insight to help inform policy to improve the care for youth who have experienced trauma and been removed from parental care. In light of the Calls to Action outlined by the Truth and Reconciliation Commission, and out of respect for the importance of traditional storytelling, this narrative study seeks to extend existing research by using interviews and an individual's lived experience story of out-of-home care. In doing so, this study provides a platform for at least one previously silenced voice.

Procedures:

The interview will take place either in a private room at the University of Saskatchewan or at a public location that allows for privacy to protect your right to confidentiality. If there are transportation barriers, paid transportation to the University may be provided, or the interview may be conducted via Skype or Facetime. The interview will last approximately 60-90 minutes and will be audio taped on my password

protected MacBook Air. Data will be backed up and saved to the University's secure off-campus file service gateway. Hard copies of data and all forms will be kept in a locked cabinet in Dr. Claypool's secure and locked office to protect your confidentiality and anonymity.

I will ask you a few questions about Out-of-home care because I am interested in resiliency factors for Saskatchewan children and youth in foster homes and group homes. I will adhere to the following guidelines, which are designed to protect your anonymity and confidentiality if you volunteer to participate.

Please feel free to ask any questions regarding the procedures and goals of the study or your role as a participant.

Funded by: Saskatchewan Innovation and Opportunity

Potential Risks:

Participation in this study may cause emotional discomfort of negative emotions in association with experiences with the child welfare system. You may choose to decline to answer any questions that may cause discomfort. If participation in this study causes any emotional distress or if you feel you would like additional support, referrals to counseling services and/or traditional healers will be provided.

You will be debriefed following the interview as well as given the opportunity to review interview transcripts as many times as is considered necessary until you feel your intended meaning has been communicated. Once the study is complete, you will be given a final opportunity to review the project and discuss the findings with the researcher.

If participation in this study causes you any distress, referral information for counselling services will be provided during the debriefing.

Potential Benefits: Participants, will be contributing valuable information and culturally appropriate approaches that can be used to help foster resilience in children and youth experiencing out-of-home care and adversity.

Confidentiality:

Confidentiality is your expectation about privacy concerning information you disclose during your consultations, sessions, and professional contact with me. However, there are certain circumstances in which exceptions to this right to confidentiality occur including, but not limited to, the following:

- a. Harm: When a client presents a serious danger to harm him/herself.
- b. Harm: When the client presents a serious danger of violence to others or the property of others. In these cases, I am obligated to take action in order to help ensure safety.
- c. Abuse: When there is reasonable suspicion of child, elder or dependent adult abuse, or neglect.
- d. Consultation & Supervision: Since I am in a learning situation, I will share information with my supervisor in order to gather support and consultation regarding the research findings. I will discuss the interviews, data and findings without using your name or any identifying information.

The data from this research project will be published; however, your identity will be kept confidential. Although we will report direct quotations from the interview, you will be given a pseudonym, and all identifying information will be removed from the final report.

After your interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcripts to ensure the content reflects your intended meaning.

Limits to confidentiality exist if you were referred to this study, or if you choose to share information that could identify you in the interview. There will be opportunity to review the transcript and have information removed before completion of the study.

There are options to consider if you choose to volunteer for this study. Please choose “yes” or “no” for each option listed below:

I grant permission to be audio taped: Yes: ____ No: ____

I wish to remain anonymous: Yes: ____ No: ____

I wish to remain anonymous, but you may refer to me by a pseudonym: Yes: ____ No: ____

The pseudonym I choose for myself is:

You may quote me. Yes:____ No:____

Storage of Data

Data will be stored in a locked filing cabinet in Dr. Tim Claypool’s secure and locked office.

Data will be stored for 7 years and then destroyed.

Right to Withdraw:

Your participation is voluntary and you can answer only those questions that you are comfortable with.

You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.

Should you wish to withdraw for any reason, data collected from the interview will be destroyed.

Your right to withdraw data from the study will apply until April 1, 2017. After this date, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Follow up: To obtain results from the study, you may contact me at PH: (306)880-5844 or Email: cad771@mailusask.ca and/or my faculty supervisor, Tim Claypool PH: (306)966-6931 or Email: tim.claypool@usask.ca.

Questions or Concerns:

Contact the researcher using the information at the top of page 1;

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent:

Option 1 - SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____ <i>Name of Participant</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____	_____	

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Option 2 - ORAL CONSENT

Oral Consent: If on the other hand the consent has been obtained orally, this should be recorded. For example, the Consent Form dated, and signed by the researcher(s) indicating that "I read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it." In addition, consent may be audio or videotaped.

Name of Participant

Researcher's Signature

Date

Appendix B

Transcript Release Form



Research Ethics Boards (Behavioural and Biomedical) TRANSCRIPT RELEASE FORM

Project Title: Saskatchewan youth in care: A narrative approach exploring the role of attachment in fostering resilience

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Catherine Darbellay. I hereby authorize the release of this transcript to Catherine Darbellay to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

or

I, _____, waive my right to review the transcript of my personal interview in this study to add, alter, or delete information from the transcript. I hereby authorize the release of this transcript to Catherine Darbellay to be used in the matter described in the Consent Form. I have received a copy of this Data/Transcript Release for for my own records.

Participant Name of Participant Signature of Participant

Date

Signature of researcher

Appendix C

Qualitative Interview Questions Guide

Questions for participant 1 (Individual with lived-experience in the child welfare system):

- 1) What kind of out-of-home care did you experience?
- 2) How old were you when you were first placed in care?
- 3) How many homes did you live in and how old were you when you left care?
- 4) Can you share with me your experience of being in care?
- 5) What experiences in care, if any, do you feel contributed to your healing and resilience?
- 6) Can you describe for me a significant experience or person during your time in care and what impact that had on you, for better or worse and any long-term effects it has had on you?
- 7) Could you describe what role you believe attachment and culture play, if any, in the resiliency and well-being of children and youth?

Questions for participant 2 (Psychologist with work experience with children and youth in the child welfare system):

- 1) Can you share with me your experience working as a psychologist with youth in the child welfare system?
- 2) Can you describe factors you believe exist in the system that cause more damage or trauma to the child and why?
- 3) Can you describe for me what you believe contributes to placement stability and better overall outcomes for the mental health of these youth?

- 4) Could you describe what role you believe attachment and culture play, if any, in the resiliency and well-being of children and youth?
- 5) Can you describe factors you believe that contribute to fostering resilience and healing in youth in the child welfare system and why?

Questions for participant 3 (Educator):

- 1) Age, gender, race, current occupation- description
- 2) Can you describe for me your work within the education system and how that relates to working with children in the child welfare system.
- 3) What does the term resilience mean for you?
- 4) Can you describe your experience with cultural influences and traditions and if you see them has fostering resilience and/or healing.
- 5) Could you describe what role you believe attachment and culture play, if any, in the resiliency and well-being of children and youth?
- 6) Can you describe for me any factors you believe would foster resiliency in children and youth in care?

Questions for participant 4 (Elder):

- 7) Can you share your perspective of the child welfare system in Saskatchewan?
- 8) Can you describe what resilience means to you?
- 9) Can you describe cultural and traditional healing techniques that you believe foster resilience?
- 10) Could you describe attachment from a cultural perspective?

11) Could you describe what role you believe attachment and culture play, if any, in the resiliency and well-being of children and youth?

12) Can you describe for me any factors you believe would foster resiliency in children and youth in care?

Questions for participant 5 (Foster parent):

- 1) Can you share your perspective of the child welfare system in Saskatchewan?
- 2) What, if any, aspects of the system do you believe may be harmful to children in care and why?
- 3) Can you please describe for me factors you have observed that has led to better placement stability and overall outcomes for children and youth in your care?
- 4) Could you describe what role you believe attachment and culture play, if any, in the resiliency and well-being of children and youth?
- 5) From your experience, what promotes resilience and healing for these children and youth?